

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: JANUARY 28, 2021
9 A.M.

REPORTER: BETH C. DRAIN, CA CSR
CSR. NO. 7152

FILE NO.: 2020-01

BETH C. DRAIN, CA CSR NO. 7152

I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION	
1. CALL TO ORDER.	3
2. ROLL CALL.	3
3. SWEARING IN OF NEW MEMBERS TO THE ICOC.	6
ACTION ITEMS	
4. CONSIDERATION OF APPOINTMENT OF MEMBERS TO THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.	8
5. CONSIDERATIONS OF ADOPTION OF INTERIM CONFLICT OF INTEREST POLICY FOR ADVISORY TASK FORCES.	13
DISCUSSION ITEMS	
6. DISCUSSION OF NEW ELEMENTS OF PROPOSITION 14.	
JAMES HARRISON	20
MARIA MILLAN	83
GEOFF LOMAX	92
KELLY SHEPARD	100
GIL SAMBRANO	144, 148
KENT FITZGERALD	156
7. PUBLIC COMMENT.	169
8. ADJOURNMENT.	177

BETH C. DRAIN, CA CSR NO. 7152

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

THURSDAY, JANUARY 28, 2021

9 A.M.

CHAIRMAN THOMAS: OKAY. THANK YOU, MARIA. A BELATED HAPPY NEW YEAR TO EVERYBODY. I WANTED TO MENTION OFF THE TOP, AS THE WORLD CONTINUES TO STRUGGLE WITH OUR COVID CRISIS, I WANTED TO COMMEND TO YOU IN THE STRONGEST TERMS THE OUTSTANDING INTERVIEW THAT DR. MILLAN CONDUCTED YESTERDAY WITH DR. DERRICK ROSSI, WHO IS A 2006 CIRM SCHOLAR AND ALSO THE CO-FOUNDER OF MODERNA. THE INTERVIEW WAS JUST EXCELLENT, CHOCK FULL OF ALL SORTS OF GREAT INFORMATION. I THINK EVERYBODY WILL LEARN A LOT ABOUT THE DERIVATION OF THE MODERNA VACCINE, ABOUT THE OTHER APPLICABILITIES, HOW IT'S POISED TO REVOLUTIONIZE FLU VACCINES AS WELL AMONG OTHER THINGS, AND MANY OTHER ASPECTS.

AND I WANTED TO CONGRATULATE DR. MILLAN ON AN EXCELLENT JOB ON THAT INTERVIEW. AND WE WILL CIRCULATE THE YOUTUBE LINK. IT'S WELL WORTH YOUR TIME IF YOU HAVE A MOMENT TO WATCH. I THINK YOU'LL ENJOY IT VERY MUCH.

DR. MILLAN, CONGRATULATIONS. IT WAS EXCELLENT.

DR. MILLAN: I WANT TO THANK THE

BETH C. DRAIN, CA CSR NO. 7152

1 COMMUNICATIONS TEAM FOR SETTING IT UP, MARIA
2 BONNEVILLE, KEVIN MCCORMACK. THEY DID A GREAT JOB.

3 CHAIRMAN THOMAS: THANK YOU. SO, MARIA,
4 HAVING SAID THAT, WILL YOU CALL THE ROLL.

5 MS. BONNEVILLE: SURE. DAN BERNAL.

6 MR. BERNAL: PRESENT.

7 MS. BONNEVILLE: GEORGE BLUMENTHAL.

8 DR. BLUMENTHAL: HERE.

9 MS. BONNEVILLE: LINDA BOXER.

10 DR. BOXER: PRESENT.

11 MS. BONNEVILLE: ALLISON BRASHEAR.

12 DR. BRASHEAR: HERE.

13 MS. BONNEVILLE: DEBORAH DEAS.

14 DR. DEAS: HERE.

15 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

16 DR. DULIEGE: YES.

17 MS. BONNEVILLE: YSABEL DURON.

18 MS. DURON: HERE.

19 MS. BONNEVILLE: JUDY GASSON.

20 DR. GASSON: HERE.

21 MS. BONNEVILLE: LARRY GOLDSTEIN.

22 DR. GOLDSTEIN: YO.

23 MS. BONNEVILLE: DAVID HIGGINS.

24 DR. HIGGINS: HERE.

25 MS. BONNEVILLE: STEPHEN JUELGAARD.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. JUELSGAARD: HERE.
2 MS. BONNEVILLE: LINDA MALKAS.
3 DR. MALKAS: HERE.
4 MS. BONNEVILLE: DAVE MARTIN.
5 DR. MARTIN: HERE.
6 MS. BONNEVILLE: SHLOMO MELMED.
7 DR. MELMED: HERE.
8 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
9 MS. MILLER-ROGEN: HERE.
10 MS. BONNEVILLE: ADRIANA PADILLA.
11 DR. PADILLA: HERE.
12 MS. BONNEVILLE: JOE PANETTA.
13 MR. PANETTA: HERE.
14 MS. BONNEVILLE: FRANCISCO PRIETO.
15 DR. PRIETO: HERE.
16 MS. BONNEVILLE: ROBERT QUINT.
17 DR. QUINT: HERE.
18 MS. BONNEVILLE: AL ROWLETT.
19 MR. ROWLETT: HERE.
20 MS. BONNEVILLE: SUZANNE SANDMEYER.
21 DR. SANDMEYER: HERE.
22 MS. BONNEVILLE: OS STEWARD.
23 DR. STEWARD: HERE.
24 MS. BONNEVILLE: JONATHAN THOMAS.
25 CHAIRMAN THOMAS: HERE.

BETH C. DRAIN, CA CSR NO. 7152

1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: HERE.

3 MS. BONNEVILLE: KRISTINA VUORI.

4 DR. VUORI: HERE.

5 MS. BONNEVILLE: DIANE WINOKUR.

6 KEITH YAMAMOTO.

7 DR. YAMAMOTO: HERE.

8 MS. BONNEVILLE: WE HAVE ALMOST A FULL
9 HOUSE. THAT'S FANTASTIC.

10 CHAIRMAN THOMAS: OUTSTANDING. THANK YOU,
11 EVERYBODY, FOR BEING HERE. THIS WILL BE, I THINK, A
12 MOST INTERESTING SESSION. THEY ALL ARE, BUT THIS IS
13 PARTICULARLY SO.

14 SO OUR FIRST ORDER OF BUSINESS IS WE HAVE
15 A NEW MEMBER OF THE BOARD, WHICH IS LARRY GOLDSTEIN.
16 WE NEED TO, LARRY, SWEAR YOU IN. SO IF YOU COULD
17 RAISE YOUR RIGHT HAND AND REPEAT AFTER ME PLEASE.

18 (DR. GOLDSTEIN WAS THEN DULY SWORN IN
19 AS A MEMBER OF THE ICOC.)

20 CHAIRMAN THOMAS: CONGRATULATIONS. YOU
21 ARE NOW OFFICIALLY A MEMBER OF THE ICOC.

22 DR. GOLDSTEIN: GREAT. THANK YOU, J.T.

23 CHAIRMAN THOMAS: THAT OATH, VERY
24 INTERESTING. WE JUST HEARD THAT LAST WEEK PRETTY
25 MUCH. LARRY, IT'S ALWAYS CUSTOMARY WHEN NEW BOARD

BETH C. DRAIN, CA CSR NO. 7152

1 MEMBERS JOIN TO HAVE THEM SAY A FEW WORDS ABOUT
2 THEMSELVES. SO IF YOU WOULD DO THAT BY WAY OF
3 INTRODUCTION TO THE REST OF THE BOARD.

4 DR. GOLDSTEIN: YES. I PRIMARILY HAVE
5 BEEN IN THE PAST A LAB SCIENTIST WITH A GROUP THAT
6 USED STEM CELLS TO DEVELOP MODELS OF ALZHEIMER'S
7 DISEASE IN A DISH AND TO SEARCH FOR DRUGS, ONE OF
8 WHICH WE'RE ABOUT TO PUT INTO CLINICAL TRIALS. I'M
9 A DISTINGUISHED PROFESSOR AT UC SAN DIEGO IN TWO
10 DEPARTMENTS, CELL AND MOLECULAR MEDICINE AND
11 NEUROSCIENCES. I ALSO WAS THE FOUNDING DIRECTOR OF
12 THE UCSD STEM CELL PROGRAM, THE FOUNDING DIRECTOR OF
13 THE STANFORD STEM CELL CLINICAL CENTER, AND THE
14 FOUNDING SCIENTIFIC DIRECTOR OF THE SANFORD
15 CONSORTIUM FOR REGENERATIVE MEDICINE, THE ONLY
16 POSITION THAT I'M RETAINING.

17 I ALSO HAVE AN APPOINTMENT AS THE SENIOR
18 ADVISOR FOR STEM CELL RESEARCH AND POLICY TO DAVID
19 BRENNER, WHO IS THE VICE CHANCELLOR OF HEALTH
20 SCIENCES AT UC SAN DIEGO. I'VE ALSO BEEN THE
21 CO-CHAIR OF THE SCIENTIFIC ADVISORY BOARD TO PROP 71
22 AND MORE RECENTLY PROP 14, BOTH OF WHICH WE ALL ARE
23 DELIGHTED TO KNOW HAVE BEEN PASSED. AND I GUESS I
24 WOULD JUST STRESS MY LONG HISTORY OF WORKING WITH
25 STEM CELLS IN THE LAB, AND I BRING THAT PERSPECTIVE

BETH C. DRAIN, CA CSR NO. 7152

1 TO WHAT WE WILL DO. SO THAT'S IT, J.T.

2 CHAIRMAN THOMAS: THANKS VERY MUCH, LARRY.
3 AND YOUR PERSPECTIVE WILL BE MOST WELCOME, AND WE
4 ARE VERY HAPPY TO HAVE YOU ABOARD. SO THANK YOU FOR
5 YOUR INTEREST, AND WE LOOK FORWARD TO WORKING WITH
6 YOU.

7 OKAY. WE'RE GOING ON TO ACTION ITEMS NOW,
8 THE FIRST OF WHICH IS CONSIDERATION OF APPOINTMENT
9 OF MEMBERS TO THE ACCESSIBILITY AND AFFORDABILITY
10 WORKING GROUP. AS YOU MAY RECALL, AT OUR LAST
11 MEETING WE MENTIONED THAT ART AND MARIA BONNEVILLE
12 AND I ARE IN THE PROCESS OF DETERMINING APPOINTMENTS
13 TO THAT BODY. I'M GOING TO READ A VERY BRIEF COUPLE
14 OF PARAGRAPHS HERE TO THE BOARD JUST TO GIVE YOU A
15 BACKGROUND ON TODAY'S APPOINTEE.

16 AS YOU KNOW, PROP 14 CREATED THE
17 TREATMENTS AND CURES ACCESSIBILITY AND AFFORDABILITY
18 WORKING GROUP OR THE AAWG TO RECOMMEND POLICIES AND
19 PROGRAMS TO THE BOARD TO ENHANCE ACCESS TO AND THE
20 AFFORDABILITY OF TREATMENTS AND CURES ARISING FROM
21 CIRM-FUNDED RESEARCH FOR CALIFORNIA PATIENTS.

22 THE AAWG IS COMPRISED OF 17 MEMBERS:
23 SEVEN MEMBERS OF THE BOARD, INCLUDING THE CHAIR AND
24 VICE CHAIR, AND TEN OUTSIDE EXPERTS. PURSUANT TO
25 HEALTH AND SAFETY CODE -- YOU CAN TELL THIS PART IS

BETH C. DRAIN, CA CSR NO. 7152

1 FROM JAMES -- SECTION 125290.75 -- I EXPECT
2 EVERYBODY TO REMEMBER THAT -- THE CHAIR AND VICE
3 CHAIR OF THE BOARD ARE REQUIRED TO NOMINATE MEMBERS
4 OF THE AAWG FOR APPROVAL BY THE BOARD. TO DATE THE
5 BOARD HAS APPOINTED THE FOLLOWING BOARD MEMBERS TO
6 THE AAWG, WHICH YOU WILL RECALL FROM OUR DECEMBER
7 MEETING, THOSE BEING DAN BERNAL, ALLISON BRASHEAR,
8 DAVID HIGGINS, ADRIANA PADILLA, AND AL ROWLETT.

9 IN ADDITION, THE BOARD APPOINTED JAMES
10 DEBENEDETTI, THE DIRECTOR OF PLAN MANAGEMENT OF
11 COVERED CALIFORNIA, WHO FILLS THE SEAT FOR AN EXPERT
12 IN CALIFORNIA'S PUBLIC INSURANCE PROGRAM.

13 WE NOW WISH TO NOMINATE DANA L. DORNSIFE,
14 THE FOUNDER AND CEO OF THE LAZAREX CANCER FOUNDATION
15 TO FILL THE SEAT FOR A REPRESENTATIVE FROM THE
16 PHILANTHROPIC ORGANIZATION WHO HAS EXPERIENCE
17 ASSISTING PATIENTS IN CLINICAL TRIAL ACCESS AND
18 AFFORDABILITY OR WITH ACCESS TO AND THE
19 AFFORDABILITY OF INNOVATIVE THERAPIES.

20 AS THE FOUNDER AND CEO, MS. DORNSIFE HAS
21 WORKED TO IMPROVE THE OUTCOME OF CANCER CARE, GIVING
22 HOPE, DIGNITY, AND LIFE TO ADVANCED STAGE CANCER
23 PATIENTS AND THE MEDICALLY UNDERSERVED BY PROVIDING
24 ASSISTANCE WITH COSTS FOR FDA CLINICAL TRIAL
25 PARTICIPATION, IDENTIFICATION OF CLINICAL TRIAL

BETH C. DRAIN, CA CSR NO. 7152

1 OPTIONS, COMMUNITY OUTREACH, AND ENGAGEMENT.

2 EVERYBODY, THE COPY OF MS. DORNSIFE'S CV
3 IS POSTED ON THE WEBSITE. AND SO, WITH THAT, WOULD
4 LIKE TO ENTERTAIN A MOTION TO FORMALLY APPOINT DANA
5 DORNSIFE TO THE AAWG. DO I HEAR A MOTION TO THAT
6 EFFECT?

7 MR. TORRES: SO MOVED.

8 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES.

9 DR. PRIETO: SECOND.

10 CHAIRMAN THOMAS: SECONDED BY FRANCISCO.

11 IS THERE ANY DISCUSSION BY MEMBERS OF THE BOARD?

12 MR. TORRES: YES. I WANTED TO ADD A FEW
13 ELEMENTS TO DANA'S RESUME. HER PHILANTHROPIC
14 CONTRIBUTIONS ARE STATEWIDE. SHE'S ON THE
15 PRESIDENT'S COUNCIL AT UCSF. SHE'S ALSO A USC BRAIN
16 AND CREATIVITY INSTITUTE BOARD MEMBER FOR MANY
17 YEARS, SINCE 2008, QUITE FRANKLY. AND SHE'S AN
18 EXCELLENT PUBLIC SPEAKER, WHICH I THINK WILL BE TO
19 OUR ADVANTAGE AS WE MOVE FORWARD TO EDUCATE THE
20 PUBLIC ABOUT THE AFFORDABILITY AND ACCESSIBILITY OF
21 OUR FUTURE TREATMENTS, WHICH I'M VERY MUCH LOOKING
22 FORWARD TO, AND I THINK SHE WOULD BE A TREMENDOUS
23 ASSET TO OUR WORK AND TO OUR VISION.

24 CHAIRMAN THOMAS: THANK YOU, SENATOR
25 TORRES. ARE THERE OTHER COMMENTS BY MEMBERS OF THE

BETH C. DRAIN, CA CSR NO. 7152

1 BOARD? HEARING NONE, ARE THERE ANY PUBLIC COMMENTS?
2 HEARING NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.
3 MS. BONNEVILLE: DAN BERNAL.
4 MR. BERNAL: YES.
5 MS. BONNEVILLE: GEORGE BLUMENTHAL.
6 DR. BLUMENTHAL: YES.
7 MS. BONNEVILLE: LINDA BOXER.
8 DR. BOXER: YES.
9 MS. BONNEVILLE: ALLISON BRASHEAR.
10 DR. BRASHEAR: YES.
11 MS. BONNEVILLE: DEBORAH DEAS.
12 DR. DEAS: YES.
13 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
14 DR. DULIEGE: YES.
15 MS. BONNEVILLE: YSABEL DURON.
16 MS. DURON: YES.
17 MS. BONNEVILLE: JUDY GASSON.
18 DR. GASSON: YES.
19 MS. BONNEVILLE: LARRY GOLDSTEIN.
20 DR. GOLDSTEIN: YES.
21 MS. BONNEVILLE: DAVID HIGGINS.
22 DR. HIGGINS: YES.
23 MS. BONNEVILLE: STEPHEN JUELGAARD.
24 MR. JUELGAARD: YES.
25 MS. BONNEVILLE: LINDA MALKAS.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. MALKAS: YES.
2 MS. BONNEVILLE: DAVE MARTIN.
3 DR. MARTIN: YES.
4 MS. BONNEVILLE: SHLOMO MELMED.
5 DR. MELMED: YES.
6 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
7 MS. MILLER-ROGEN: YES.
8 MS. BONNEVILLE: ADRIANA PADILLA.
9 DR. PADILLA: YES.
10 MS. BONNEVILLE: JOE PANETTA.
11 MR. PANETTA: YES.
12 MS. BONNEVILLE: FRANCISCO PRIETO.
13 DR. PRIETO: AYE.
14 MS. BONNEVILLE: ROBERT QUINT.
15 DR. QUINT: YES.
16 MS. BONNEVILLE: AL ROWLETT.
17 MR. ROWLETT: YES.
18 MS. BONNEVILLE: SUZANNE SANDMEYER.
19 DR. SANDMEYER: YES.
20 MS. BONNEVILLE: OS STEWARD.
21 DR. STEWARD: YES.
22 MS. BONNEVILLE: JONATHAN THOMAS.
23 CHAIRMAN THOMAS: YES.
24 MS. BONNEVILLE: ART TORRES.
25 MR. TORRES: AYE.

BETH C. DRAIN, CA CSR NO. 7152

1 MS. BONNEVILLE: KRISTINA VUORI.

2 DR. VUORI: YES.

3 MS. BONNEVILLE: DIANE WINOKUR.

4 KEITH YAMAMOTO.

5 DR. YAMAMOTO: YES.

6 MS. BONNEVILLE: MOTION CARRIES.

7 CHAIRMAN THOMAS: THANK YOU, MARIA. JUST
8 FOR THE BENEFIT OF MEMBERS OF THE BOARD, ART, MARIA,
9 AND I HAVE BEEN TALKING TO A NUMBER OF OTHER
10 POTENTIAL APPOINTEES TO THE AAWG AND WILL HAVE MORE
11 ON THAT AT OUR NEXT BOARD MEETING.

12 OKAY. WE GO ON TO ITEM NO. 5,
13 CONSIDERATION OF ADOPTION OF INTERIM CONFLICT OF
14 INTEREST POLICY FOR ADVISORY TASK FORCES. THIS IS
15 AN ITEM THAT JAMES WILL LEAD. JAMES.

16 MR. HARRISON: BEAR WITH ME FOR ONE MOMENT
17 WHILE I SHARE MY SCREEN.

18 GOOD MORNING, BOARD MEMBERS, MEMBERS OF
19 THE CIRM TEAM, AND MEMBERS OF THE PUBLIC. WE ARE
20 HERE TODAY TO DISCUSS ONE NEW FEATURE OF PROP 14
21 WHICH IS A PROVISION THAT AUTHORIZES THE CHAIR AND
22 THE PRESIDENT TO ESTABLISH ADVISORY TASK FORCES TO
23 ADVISE THE BOARD ON MATTERS WITHIN CIRM'S
24 JURISDICTION, SUCH AS SCIENTIFIC MATTERS, ETHICAL,
25 TECHNICAL, AND FINANCIAL MATTERS.

BETH C. DRAIN, CA CSR NO. 7152

1 AS THE NAME IMPLIES, THESE TASK FORCES ARE
2 ADVISORY ONLY. THEY ARE NOT INVOLVED IN MAKING ANY
3 DECISIONS; AND THEY, IN FACT, ARE EXPRESSLY
4 PROHIBITED FROM REVIEWING OR COMMENTING UPON ANY
5 APPLICATION FOR FUNDING. SO UNDER STATE LAW AS WELL
6 AS UNDER PROP 14, THEY'RE NOT SUBJECT TO THE STATE
7 CONFLICT OF INTEREST LAWS. BUT BECAUSE WE OBVIOUSLY
8 HAVE AN INTEREST IN ENSURING THAT THE ADVICE WE GET
9 IS FREE FROM BIAS, PROP 14 REQUIRES CIRM TO ADOPT
10 CONFLICT OF INTEREST RULES SIMILAR TO THE WORKING
11 GROUP RULES TO GOVERN MEMBERS OF ADVISORY TASK
12 FORCES.

13 AS J.T. NOTED, I DO LIKE TO CITE MY CODE
14 SECTIONS. AND AS YOU WILL SEE HERE, ONE FEATURE OF
15 PROP 71 AUTHORIZES CIRM TO ADOPT INTERIM
16 REGULATIONS. SO TYPICALLY REGULATIONS HAVE TO GO
17 THROUGH A LENGTHY PROCESS UNDER THE ADMINISTRATIVE
18 PROCEDURE ACT BEFORE THEY TAKE EFFECT. BUT IN
19 RECOGNITION OF THE FACT THAT CIRM HAS AN URGENT
20 MISSION, PROP 71 AUTHORIZED THE BOARD TO ADOPT
21 INTERIM REGULATIONS TO TAKE EFFECT IMMEDIATELY AND
22 TO REMAIN IN EFFECT FOR 270 DAYS UNLESS EARLIER
23 SUPERSEDED BY A REGULATION ADOPTED PURSUANT TO THE
24 ADMINISTRATIVE PROCEDURE ACT.

25 THIS IS IMPORTANT FOR US IN THIS CASE

BETH C. DRAIN, CA CSR NO. 7152

1 BECAUSE THE CHAIR AND PRESIDENT MILLAN WOULD LIKE TO
2 MOVE FORWARD WITH THE APPOINTMENT OF AN ADVISORY
3 TASK FORCE TO ADVISE THEM ON SCIENTIFIC MATTERS. SO
4 WE NEED TO ENSURE THAT CONFLICT RULES ARE IN PLACE
5 BEFORE THAT ADVISORY GROUP IS CONVENED.

6 SO WE ARE HERE TODAY TO REQUEST THAT THE
7 BOARD ADOPT PROPOSED INTERIM CONFLICT RULES FOR THE
8 ADVISORY GROUP MEMBERS. THESE RULES ARE MODELED ON
9 THE WORKING GROUP CONFLICT OF INTEREST RULES WHICH
10 PROP 71 SPECIFIES ARE BASED ON NIH RULES. PROP 14
11 SUPPLEMENTS THAT BY REQUIRING THE BOARD TO REVIEW
12 THE CONFLICT OF INTEREST RULES TO SEEK ALIGNMENT
13 FROM CONFLICT OF INTEREST RULES ADOPTED BY THE
14 NATIONAL ACADEMY OF SCIENCES. SO THE RULES WE'VE
15 PROPOSED TODAY RELY ON BOTH NIH AS WELL AS NATIONAL
16 ACADEMY OF SCIENCES CONFLICT STANDARDS.

17 THEY REQUIRE BOTH DISQUALIFICATION
18 DISCLOSURE AND A PROHIBITION. AS YOU WILL SEE,
19 MEMBERS UNDER THE PROPOSED RULE WOULD BE PROHIBITED
20 FROM DERIVING ANY DIRECT FINANCING BENEFIT THROUGH A
21 CIRM AWARD EITHER AS A RESULT OF ACTING AS A PI ON
22 AN AWARD OR AS AN INVESTIGATOR ON A TEAM.

23 THE RULES WOULD ALSO REQUIRE DISCLOSURE BY
24 MEMBERS OF THE ADVISORY TASK FORCE FOCUSED ON THE
25 TYPES OF INTERESTS THAT MIGHT BE AT ISSUE GIVEN THE

BETH C. DRAIN, CA CSR NO. 7152

1 FACT THEY'RE NOT REVIEWING SPECIFIC APPLICATIONS.
2 SO THIS WOULD INCLUDE INCOME OF \$5,000 OR MORE
3 RECEIVED FROM AN ACADEMIC OR NONPROFIT RESEARCH
4 INSTITUTION LOCATED IN CALIFORNIA IN THE LAST 12
5 MONTHS, INVESTMENTS OF \$5,000 OR MORE HELD BY THE
6 MEMBER OR HIS OR HER SPOUSE IN PUBLIC BIOTECHNOLOGY
7 AND PHARMACEUTICAL COMPANIES THAT ARE PRIMARILY
8 FOCUSED ON STEM CELL OR GENETIC RESEARCH AND THERAPY
9 DEVELOPMENT. AND MEMBERS WOULD BE REQUIRED TO
10 DISQUALIFY THEMSELVES IF ONE OF THEIR FINANCIAL
11 INTERESTS WAS INVOLVED IN A DECISION BEFORE THE TASK
12 FORCE UNLESS, SIMILAR TO NIH RULES, THE PRESIDENT OF
13 CIRM WERE TO MAKE THE DETERMINATION THAT THE NEED
14 FOR THE MEMBER'S EXPERTISE OUTWEIGHED ANY POSSIBLE
15 BIAS RESULTING FROM THE MEMBER'S INTEREST.

16 SO WE WOULD REQUEST BY MOTION YOU APPROVE
17 THE INTERIM CONFLICT OF INTEREST RULES FOR MEMBERS
18 OF THE ADVISORY TASK FORCE AND AUTHORIZE THE CIRM
19 TEAM TO INITIATE A RULEMAKING TO ADOPT THESE RULES
20 AS PERMANENT REGULATIONS PURSUANT TO THE
21 ADMINISTRATIVE PROCEDURE ACT. I'LL TURN IT BACK TO
22 YOU.

23 CHAIRMAN THOMAS: THANK YOU, JAMES. DO I
24 HEAR A MOTION TO APPROVE?

25 MS. DURON: SO MOVED.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN THOMAS: MOVED BY MS. DURON. IS
2 THERE A SECOND?

3 DR. YAMAMOTO: SECOND.

4 CHAIRMAN THOMAS: SECOND BY DR. YAMAMOTO.
5 IS THERE ANY DISCUSSION BY MEMBERS OF THE BOARD?

6 MS. DURON: MR. CHAIRMAN, I JUST WANTED TO
7 SAY THAT I REALLY APPRECIATE THIS CONFLICT OF
8 INTEREST PROPOSAL. I THINK THAT THE PUBLIC NEEDS TO
9 BE REASSURED THAT WE HAVE KEPT THE INTEREST OF THE
10 PUBLIC AND PATIENTS AT HEART, THAT THIS IS NOT ABOUT
11 SELF-INVESTMENT. I THINK THEY'RE ALSO BECOMING MUCH
12 MORE UNDERSTANDING ABOUT THESE ISSUES. THEY'RE MUCH
13 MORE -- THEY CARE MUCH MORE ABOUT THESE KINDS OF
14 ISSUES, AND I THINK THAT IT'S GOOD THAT WE AT THIS
15 STAGE GET AHEAD OF THE CURVE AND RECOGNIZE THAT OUR
16 DUTY IS TO THE PUBLIC AND FOR NO OTHER REASON ARE WE
17 HERE. THANK YOU.

18 CHAIRMAN THOMAS: THANK YOU. COMMENTS,
19 OTHER COMMENTS BY MEMBERS OF THE BOARD? HEARING
20 NONE, ANY PUBLIC COMMENT? HEARING NONE, MARIA,
21 PLEASE CALL THE ROLL.

22 MS. BONNEVILLE: DAN BERNAL.

23 MR. BERNAL: YES.

24 MS. BONNEVILLE: GEORGE BLUMENTHAL.

25 DR. BLUMENTHAL: YES.

BETH C. DRAIN, CA CSR NO. 7152

1 MS. BONNEVILLE: LINDA BOXER.
2 DR. BOXER: YES.
3 MS. BONNEVILLE: ALLISON BRASHEAR.
4 DR. BRASHEAR: YES.
5 MS. BONNEVILLE: DEBORAH DEAS.
6 DR. DEAS: YES.
7 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
8 DR. DULIEGE: YES.
9 MS. BONNEVILLE: YSABEL DURON.
10 MS. DURON: YES.
11 MS. BONNEVILLE: JUDY GASSON.
12 DR. GASSON: YES.
13 MS. BONNEVILLE: LARRY GOLDSTEIN.
14 DR. GOLDSTEIN: YES.
15 MS. BONNEVILLE: DAVID HIGGINS.
16 DR. HIGGINS: YES.
17 MS. BONNEVILLE: STEPHEN JUELSGAARD.
18 MR. JUELSGAARD: YES.
19 MS. BONNEVILLE: LINDA MALKAS.
20 DR. MALKAS: YES.
21 MS. BONNEVILLE: DAVE MARTIN.
22 DR. MARTIN: YES.
23 MS. BONNEVILLE: SHLOMO MELMED.
24 DR. MELMED: YES.
25 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

BETH C. DRAIN, CA CSR NO. 7152

1 MS. MILLER-ROGEN: YES.
2 MS. BONNEVILLE: ADRIANA PADILLA.
3 DR. PADILLA: YES.
4 MS. BONNEVILLE: JOE PANETTA.
5 MR. PANETTA: YES.
6 MS. BONNEVILLE: FRANCISCO PRIETO.
7 DR. PRIETO: AYE.
8 MS. BONNEVILLE: ROBERT QUINT. AL
9 ROWLETT.
10 MR. ROWLETT: YES.
11 MS. BONNEVILLE: SUZANNE SANDMEYER.
12 DR. SANDMEYER: YES.
13 MS. BONNEVILLE: OS STEWARD.
14 DR. STEWARD: YES.
15 MS. BONNEVILLE: JONATHAN THOMAS.
16 CHAIRMAN THOMAS: YES.
17 MS. BONNEVILLE: ART TORRES.
18 MR. TORRES: AYE.
19 MS. BONNEVILLE: KRISTINA VUORI.
20 DR. VUORI: YES.
21 MS. BONNEVILLE: DIANE WINOKUR.
22 KEITH YAMAMOTO.
23 DR. YAMAMOTO: YES.
24 MS. BONNEVILLE: THE MOTION CARRIES.
25 THANK YOU.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN THOMAS: THANK YOU, MARIA. OKAY.
2 SO THAT CONCLUDES OUR BRIEF ACTION ITEM LIST. WE
3 ARE NOW GETTING TO SORT OF THE MAIN TOPIC FOR
4 TODAY'S BOARD MEETING.

5 AS YOU KNOW AND AS WE HAVE DISCUSSED AND
6 SEEN IN PREVIOUS WRITE-UPS FROM JAMES, PROP 14 HAS A
7 NUMBER OF ELEMENTS IN IT THAT BUILD ON THOSE IN PROP
8 71 AND ADD TO THEM AND/OR INTRODUCE NEW PROGRAMS TO
9 BE IMPLEMENTED UNDER THE TERMS OF THE INITIATIVE.
10 WE WANTED TO DEVOTE MOST OF THIS MEETING TO A REVIEW
11 OF THE NEW ELEMENTS IN PROP 14 AND TO HAVE THE BOARD
12 GET A CHANCE TO HAVE ITS FIRST INPUT ON THOSE NEW
13 ELEMENTS. ALL OF THIS IS IN A CONTINUUM OF
14 DISCUSSIONS THAT THE BOARD IS HAVING WITH DR. MILLAN
15 AND THE TEAM TOWARDS DEVELOPING THE STRATEGIC PLAN
16 FOR THE NEXT FIVE YEARS.

17 SO THE FORMAT FOR THIS IS GOING TO BE
18 JAMES HAS PREPARED A PRESENTATION ON THE NEW
19 ELEMENTS OF PROP 14, AND HE'S GOING TO GO THROUGH
20 IT. AND AS HE INTRODUCES EACH NEW CONCEPT, WE WILL
21 PAUSE AND HAVE A CHANCE FOR THE BOARD TO COMMENT AND
22 DISCUSS. THIS WILL NOT BY ANY MEANS BE THE LAST
23 OPPORTUNITY TO DO SO. AS YOU KNOW, AMONG OTHER
24 THINGS, IN MARCH WE'RE GOING TO HAVE A BOARD RETREAT
25 IN WHICH WE'LL GET INTO THESE AND OTHER ITEMS IN

BETH C. DRAIN, CA CSR NO. 7152

1 MORE DETAIL. BUT I THOUGHT THIS WAS A VERY GOOD
2 OPPORTUNITY FOR THE BOARD TO SORT OF GET A
3 FIRST-BLUSH LOOK AT THE CHANGES IN SOME DETAIL.

4 SO HAVING SAID THAT, JAMES IF YOU WOULD.

5 MR. HARRISON: SHARE MY SCREEN AND ADD
6 THAT DR. MILLAN, FOLLOWING MY PRESENTATION, WILL
7 OFFER THE CIRM TEAM'S INITIAL THOUGHTS ON SOME OF
8 THE NEW PROGRAMS THAT I'LL BE HIGHLIGHTING TODAY.

9 CHAIRMAN THOMAS: JAMES, IF I CAN JUST ADD
10 BEFORE YOU GET TO YOUR PRESENTATION, ONCE JAMES HAS
11 GONE THROUGH THE PRESENTATION, DR. MILLAN WILL HAVE
12 COMMENTS ON A NUMBER OF THE ELEMENTS IN THERE FOR
13 FURTHER DISCUSSION. SO WE WILL DO THOSE IN
14 SEQUENCE. SO THANK YOU, JAMES.

15 MR. HARRISON: THANKS FOR BEARING WITH ME
16 AS I DEAL WITH ZOOM AND SCREEN SHARING.

17 GOOD MORNING ONCE AGAIN. AS J.T. SAID,
18 TODAY I WILL WALK YOU THROUGH SOME OF THE MAJOR
19 CHANGES RESULTING FROM PROP 14. BUT BEFORE I BEGIN,
20 I THINK IT'S IMPORTANT TO SET THE CONTEXT BECAUSE,
21 AS DR. GOLDSTEIN AND J.T. HAVE MENTIONED, OBVIOUSLY
22 PROP 14 BUILDS ON AN INCREDIBLE FOUNDATION
23 ESTABLISHED BY PROP 71, WHICH CALIFORNIA VOTERS
24 APPROVED, 16 YEARS AGO NOW, OVERWHELMINGLY IN
25 NOVEMBER OF 2004. AND I THINK IT'S FAIR TO SAY THAT

BETH C. DRAIN, CA CSR NO. 7152

1 PROP 71 IS THE INFRASTRUCTURE UPON WHICH PROP 14 WAS
2 BUILT. AND MANY OF THE ELEMENTS OF PROP 14, WITH
3 ONE SIGNIFICANT EXCEPTION, EXPAND UPON PROGRAMS THAT
4 CIRM INITIATED UNDER PROP 71.

5 AS YOU ALL KNOW, THOUGH IT WAS A CLOSE
6 ELECTION, MORE THAN 8.5 MILLION CALIFORNIA VOTERS
7 APPROVED PROP 14 AND AUTHORIZED \$5.5 BILLION IN
8 ADDITIONAL GENERAL OBLIGATION BOND FUNDING FOR CIRM
9 OPERATIONS AND AWARDS.

10 THE MEASURE MAKES BOTH SUBSTANTIVE AND
11 TECHNICAL CHANGES TO PROP 71. INCLUDED WITH THE
12 AGENDA PACKET TODAY IS AN ANNOTATED COPY OF THE
13 INITIATIVE IN WHICH I TRIED TO HIGHLIGHT THESE
14 CHANGES IF YOU WOULD LIKE TO REVIEW THEM YOURSELVES.
15 IT DOES IMPOSE SOME NEW REQUIREMENTS WITH RESPECT TO
16 THE ALLOCATION OF THE \$5.5 BILLION IT AUTHORIZES,
17 WHICH I WILL HIGHLIGHT. AND AS I SAID, MANY OF YOU
18 WILL RECOGNIZE SOME OF THE ELEMENTS OF PROP 14
19 BECAUSE THEY SPRING FROM PROGRAMS THAT THE CIRM
20 BOARD HAS PREVIOUSLY APPROVED.

21 I'M JUST GOING TO HIGHLIGHT THE MOST
22 SIGNIFICANT CHANGES AND THEN WALK THROUGH EACH OF
23 THEM IN A LITTLE BIT MORE DETAIL. AS I SAID, IT
24 ESTABLISHES NEW PROGRAMS, AND YOU WILL RECOGNIZE
25 MANY OF THEM. THE ONE SIGNIFICANT NEW PROGRAM THAT

BETH C. DRAIN, CA CSR NO. 7152

1 PROP 14 ESTABLISHES THAT WAS NOT A PART OF PROP 71
2 IS A FOURTH WORKING GROUP. AS YOU KNOW, CIRM HAS
3 HAD THE BENEFIT OF OUTSIDE EXPERTISE AND THE EFFORTS
4 OF PATIENT ADVOCATE MEMBERS OF THE BOARD WHO HAVE
5 SERVED ON THE GRANTS WORKING GROUP, ALL OF WHICH YOU
6 ARE FAMILIAR WITH. CIRM ALSO HAD THE BENEFIT OF THE
7 FACILITIES WORKING GROUP, WHICH MADE RECOMMENDATIONS
8 WITH RESPECT TO FACILITIES AWARDS, AND THE STANDARDS
9 WORKING GROUP, WHICH HAS WORKED DILIGENTLY TO ENSURE
10 THAT CIRM ADOPTS THE HIGHEST ETHICAL STANDARDS TO
11 GOVERN THE RESEARCH IT FUNDS.

12 PROP 14 ESTABLISHES A NEW WORKING GROUP
13 WHICH IT CALLS THE TREATMENTS AND CURES
14 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP TO
15 FOCUS, AS THE NAME SUGGESTS, ON ISSUES OF
16 ACCESSIBILITY AND AFFORDABILITY BOTH TO CLINICAL
17 TRIALS AS WELL AS TO TREATMENTS AND CURES THAT ARISE
18 FROM CIRM-FUNDED RESEARCH.

19 PROP 14 ALSO EXPANDS THE SCOPE OF WHAT
20 CIRM CAN FUND, WHICH I WILL DISCUSS IN MORE DETAIL.
21 IMPORTANTLY, THE MEASURE SPECIFICALLY EARMARKS NO
22 LESS THAN \$1.5 BILLION FOR RESEARCH INVOLVING
23 DISEASES AND CONDITIONS OF THE BRAIN AND CENTRAL
24 NERVOUS SYSTEM. THIS IS A BIT OF A DEPARTURE FROM
25 PROP 71 WHICH DID NOT EARMARK FUNDING FOR ANY

BETH C. DRAIN, CA CSR NO. 7152

1 SPECIFIC DISEASE OR CONDITION, BUT THE \$1.5 BILLION
2 IS A GOAL IN PROP 14 TO ENSURE THAT THESE CONDITIONS
3 RECEIVE THEIR FAIR SHARE OF RESEARCH FUNDING GIVEN
4 THE NUMBER OF PEOPLE WHO ARE AFFECTED BY THEM.

5 PROP 14 ALSO EXPANDS THE SIZE OF THE BOARD
6 AND ALLOWS FOR REMOVAL OF BOARD MEMBERS. IT MAKES
7 SOME SIGNIFICANT GOVERNANCE AND ADMINISTRATIVE
8 CHANGES. IT MAKES SOME CHANGES TO CIRM'S REVIEW
9 PROCESS. IT IMPOSES A NEW OBLIGATION ON THE BOARD
10 TO REVIEW ACCOUNTABILITY REQUIREMENTS EVERY FOUR
11 YEARS AND REQUIRES THE ADOPTION OF CERTAIN NEW
12 STANDARDS.

13 THE \$5.5 BILLION IS ALLOCATED PURSUANT TO
14 A RELATIVELY COMPLEX FORMULA, DESIGNATING THE FUNDS
15 FOR RESEARCH, ADMINISTRATION, AND FACILITIES. IT
16 INCLUDES SOME IMPORTANT BOND TERMS THAT I'LL
17 DISCUSS. AND THEN, FINALLY, ONE OF THE SIGNIFICANT
18 CHANGES IT MAKES IS TO EARMARK ROYALTIES THAT ARISE
19 FROM CIRM-FUNDED RESEARCH FOR ACCESS AND
20 AFFORDABILITY.

21 LET ME TOUCH BRIEFLY ON THE NEW PROGRAMS
22 THAT PROP 14 CREATES. AS YOU ALL KNOW, CIRM
23 CURRENTLY HAS AN ALPHA STEM CELL CLINICS PROGRAM
24 WITH FIVE FUNDED CENTERS. PROP 14 REQUIRES THE
25 EXPANSION OF THE ALPHA STEM CELL CLINIC PROGRAM IN

BETH C. DRAIN, CA CSR NO. 7152

1 AN EFFORT TO ENHANCE ACCESS TO CLINICAL TRIALS AND
2 TREATMENTS. IT ALSO ESTABLISHES WHAT IT CALLS
3 COMMUNITY CARE CENTERS OF EXCELLENCE AND REQUIRES
4 CIRM TO MAKE AWARDS IN THIS AREA, AGAIN, TO ENHANCE
5 ACCESS TO CLINICAL TRIALS AND TREATMENTS WITH AN
6 EMPHASIS ON GEOGRAPHICALLY DIVERSE CENTERS,
7 RECOGNIZING THAT THE ALPHA STEM CELL CLINICS ARE
8 LOCATED NEAR MAJOR POPULATION AREAS WHICH ARE
9 DIFFICULT FOR SOME PATIENTS IN MORE REMOTE AREAS OF
10 THE STATE TO ACCESS.

11 APPROPRIATELY ENOUGH, GIVEN CHAIRMAN
12 THOMAS' COMMENTS EARLIER --

13 CHAIRMAN THOMAS: JAMES, COULD I JUST STOP
14 YOU FOR ONE SECOND. I'D LIKE TO KIND OF TAKE THESE
15 THINGS IN TURN IF WE COULD BECAUSE IT WOULD BE A
16 LITTLE DIFFICULT TO COME BACK AFTER YOU'VE GONE
17 THROUGH YOUR WHOLE PRESENTATION HERE. SO I BEG MY
18 INDULGENCE HERE.

19 I WILL NOTE THAT THE COMMUNITY CARE
20 CENTERS OF EXCELLENCE, THIS IS GOING TO BE SOMETHING
21 THAT THE BOARD IS GOING TO TALK A LOT ABOUT AS THE
22 PLANS FOR IT ARE BEING DEVELOPED. BUT I WANTED TO
23 SEE IF THERE ARE ANY PRELIMINARY COMMENTS ANYBODY ON
24 THE BOARD HAS WITH RESPECT TO EXPANSION OF THE ALPHA
25 STEM CELL CLINIC PROGRAM OR ANY PRELIMINARY THOUGHTS

BETH C. DRAIN, CA CSR NO. 7152

1 ON COMMUNITY CARE CENTERS, PARTICULARLY AS THEY SEEK
2 TO GET ACCESS TO THE UNDERSERVED IN THE STATE.

3 WE HAVE COMMENTS FROM MEMBERS OF THE BOARD
4 ON EITHER OF THESE ITEMS?

5 MS. DURON: MR. CHAIRMAN, I THINK IT'S
6 REALLY CRUCIAL THAT IN THE DEVELOPMENT OF THE
7 COMMUNITY CARE CENTERS, WE BE ABLE TO REVIEW THE
8 PLANS AND KNOW MAYBE AND EVEN HEAR FROM PEOPLE FROM
9 THE COMMUNITY CARE CENTERS AND THEIR ENGAGEMENT IN
10 THEIR LOCAL COMMUNITIES SO WE KNOW THAT THEY ARE IN
11 FACT REFLECTING THE CONCERNS AND THE NEEDS OF THOSE
12 LOCAL COMMUNITIES, THAT THEY'RE GEOGRAPHICALLY
13 PINPOINTED, THAT THEY UNDERSTAND THE DEMOGRAPHICS OF
14 THAT AREA, THAT THEY UNDERSTAND ISSUES THAT THOSE
15 AREAS MIGHT BE FACING, AND THAT THEY'RE VERY
16 SENSITIVE TO THAT, AND THAT THERE ARE SPOKESMEN FROM
17 THOSE LOCAL AREAS THAT HAVE INPUT INTO BOTH THE
18 DEVELOPMENT AS WELL AS THE UTILIZATION OF THIS
19 PROGRAM. I THINK IT'S REALLY CRUCIAL. THEY COULD
20 BRING THE PUBLIC AND THE TAXPAYER BACK INTO THE
21 SOLUTION AND THE RECOGNITION THAT THIS IS THERE
22 TRULY TO HELP THEM AND SERVE THEM.

23 CHAIRMAN THOMAS: THANK YOU. THAT SORT OF
24 RAISES A LARGER CONCEPT WHICH IS, AS THESE NEW
25 PROGRAMS ARE BEING DISCUSSED AND DEVELOPED, WE, AS

BETH C. DRAIN, CA CSR NO. 7152

1 ALWAYS, WILL SEEK STAKEHOLDER INPUT FOR WHATEVER THE
2 PROGRAM MIGHT BE. AS MS. DURON JUST INDICATED, THIS
3 WOULD BE A PRIME EXAMPLE. SO WE WILL WELCOME INPUT
4 IN WHOMEVER WOULD LIKE TO ADVISE ON THIS MATTER AS
5 ALL OF THAT WILL HELP INFORM US HOW WE PROCEED FROM
6 HERE.

7 OTHER COMMENTS BY MEMBERS OF THE BOARD?

8 MR. ROWLETT: MY COMMENT IS TO ENDORSE
9 WHAT YOU JUST SAID. AND PRIOR TO THE DEVELOPMENT OF
10 A PLAN, MY INPUT WOULD BE THAT YOU SOLICIT
11 STAKEHOLDERS THAT REPRESENT THE CONSTITUENTS OF OUR
12 STATE AND OUR BOARD IN THE DEVELOPMENT OF A PLAN. I
13 THINK THAT IT ADVANCES THE GOALS OF THE PROPOSITION,
14 AND IT REALLY DOES SUPPORT THE IMPORTANCE OF
15 TRANSPARENCY IN THIS VERY IMPORTANT PROCESS IN
16 SERVING THE UNSERVED AND THOSE WHO ARE NOT SERVED AS
17 WELL IN OUR STATE. SO THANK YOU FOR SAYING THAT.

18 CHAIRMAN THOMAS: THANK YOU, MR. ROWLETT.
19 OTHER COMMENTS?

20 DR. DEAS: YES. AS IT RELATES TO THE
21 COMMUNITY CARE CENTERS OF EXCELLENCE, I'M JUST
22 WONDERING IF THIS WILL BE INITIATED AT THE LEVEL
23 WHERE WE HAVE THESE GEOGRAPHICALLY DIVERSE
24 POPULATIONS, OR WILL IT BE INITIATED FROM THE
25 CURRENT ALPHA STEM CELL CLINICS BECAUSE, AS WE LOOK

BETH C. DRAIN, CA CSR NO. 7152

1 ACROSS THE STATE, THERE ARE LARGE POCKETS OF AREAS
2 WHICH DO NOT HAVE ACCESS TO THESE CLINICAL TRIALS
3 AND TREATMENTS. AND, THEREFORE, WOULD THAT IDEA OR
4 THE CENTERS GERMINATE FROM THOSE AREAS, OR WOULD THE
5 ALPHA CLINIC REACH OUT TO COLLABORATE WITH THOSE
6 AREAS?

7 CHAIRMAN THOMAS: THAT'S AN EXCELLENT
8 QUESTION, DR. DEAS. I THINK THE ANSWER TO THAT IS
9 THIS AIMS TO BE -- AND, JAMES, AT EVERY POINT PLEASE
10 STEP IN HERE AS ONE OF THE DRAFTERS OF THE MEASURE
11 AS TO SORT OF WHAT THE THOUGHT WAS ON QUESTIONS LIKE
12 THIS. BUT THE OBJECT OF THIS, I THINK, IS TO CREATE
13 SORT OF A STATEWIDE INTEGRATED WHOLE PROGRAM THAT
14 FEATURES BOTH THE ALPHA CLINICS AND THE COMMUNITY
15 CARE CENTERS OF EXCELLENCE THAT WORK IN AN
16 INTEGRATED FASHION. AS RESPECTS WHO THE DRIVING
17 FORCE IS GOING TO BE BEHIND THE ESTABLISHMENT OF THE
18 COMMUNITY CARE CENTERS, THAT'S SOMETHING THAT WE
19 NEED TO DISCUSS. BUT THE END RESULT IS TO HAVE THIS
20 SORT OF SEAMLESS NETWORK THROUGHOUT THE STATE THAT
21 ACCESSES EVERYBODY WHO NEEDS ATTENTION.

22 SO, JAMES, DO YOU HAVE A THOUGHT ON THIS?

23 MR. HARRISON: I THINK THAT'S AN ACCURATE
24 WAY TO DESCRIBE IT, J.T. THE LANGUAGE OF THE
25 STATUTE IS NOT PRESCRIPTIVE, DR. DEAS. SO THERE IS

BETH C. DRAIN, CA CSR NO. 7152

1 A FAIR AMOUNT OF LATITUDE THAT CIRM HAS IN DESIGNING
2 A PROGRAM TO SERVE THE GOALS OF PATIENTS ACROSS THE
3 STATE.

4 THE REAL KIND OF DRIVING CRITERIA HERE IS
5 TO TRY TO ACCOMPLISH GEOGRAPHIC DIVERSITY.

6 DR. DEAS: RIGHT. AND I THINK THAT IS
7 REALLY KEY, THAT WE HAVE A NETWORK AND ESTABLISH
8 WHERE THESE REGIONS OR WHERE THE CENTERS SHOULD BE.
9 OTHERWISE, WE CAN INADVERTENTLY AND UNINTENTIONALLY
10 PERPETUATE DISPARITIES IF WE JUST WAIT FOR ALPHA
11 CENTERS TO DETERMINE WHERE THEY WANT TO COLLABORATE
12 TO INCREASE ACCESS TO CLINICAL TRIALS. IF WE GO
13 AHEAD WITH THAT NETWORK MAP OUT IN THE STATE WHERE
14 WE HAVE THESE DISPARITIES WHERE PEOPLE DO NOT HAVE
15 ACCESS TO CLINICAL TRIALS AND TREATMENTS, AND SAY WE
16 NEED COMMUNITY CARE CENTERS IN THIS AREA, THAT AREA,
17 WHATEVER. AND THEN THE ALPHA CENTERS WILL NEED TO
18 COLLABORATE WITH THOSE AREAS TO RAISE UP THOSE
19 COMMUNITY CARE CENTERS OF EXCELLENCE. OTHERWISE, WE
20 MAY HAVE SOME UNINTENTIONAL CONSEQUENCES.

21 CHAIRMAN THOMAS: THANK YOU. THAT'S A
22 VERY IMPORTANT POINT.

23 OTHER COMMENTS BY MEMBERS OF THE BOARD?

24 MR. TORRES: YES, IF I MAY. WHEN WE WERE
25 DRAFTING THIS LANGUAGE, BECAUSE I PARTICIPATED IN

BETH C. DRAIN, CA CSR NO. 7152

1 THE AFFORDABILITY ACCESSIBILITY WORKING GROUP
2 ESPECIALLY, BECAUSE I FELT THAT IS VERY, VERY
3 IMPORTANT, AND JAMES AND BOB REALLY PUT IT FORWARD,
4 BUT WHAT I ALSO FOUND OUT DURING THE CAMPAIGN, ON MY
5 OWN TIME, NOT AT STATE EXPENSE, I WAS ABLE TO
6 RECEIVE IN THE TRAVELS VIA ZOOM AND COMMUNICATION
7 WITH PEOPLE AS TO THE NEED, AS DEAN DEAS HAS
8 INDICATED, FOR GEOGRAPHIC REDISTRIBUTION. IN OTHER
9 WORDS, THE LACK OF ACCESSIBILITY AND AFFORDABILITY
10 TO SERVICES AND ULTIMATELY OUR TREATMENTS ARE GOING
11 TO BE ALIGNED IN THE SAME WAY THAT WE HAVE DENIED
12 ACCESSIBILITY TO RURAL CALIFORNIA, WHICH INCLUDES A
13 LOT OF FARM WORKERS AND AFRICAN-AMERICANS, TO THE
14 INLAND EMPIRE, WHICH, AGAIN, INCLUDES A LARGE
15 POPULATION OF AFRICAN-AMERICAN AND LATINO RESIDENTS,
16 AND OBVIOUSLY TO THE COACHELLA VALLEY AND IMPERIAL
17 COUNTY. SO THOSE FOR THE UNDERSERVED, SOME, NOT
18 ALL, THERE ARE MANY OTHERS IN FAR NORTHERN
19 CALIFORNIAN, AND THE POOR WHITE AREAS OF OUR STATE,
20 THAT WE NEED TO BE SENSITIVE TO. AND THE WHOLE
21 PURPOSE OF THESE COMMUNITY CARE CLINICS WAS TO
22 ENHANCE WHAT ALREADY EXISTS. IN OTHER WORDS, NOT
23 REPLICATE THE JURISDICTION OR THE REACH OF THE ALPHA
24 STEM CELL CLINICS, BUT REALLY TRULY TO DEVELOP NEW
25 INITIATIVES THAT WILL REACH OUT TO MAKE THE

BETH C. DRAIN, CA CSR NO. 7152

1 TREATMENTS THAT WE HAVE AVAILABLE. AND THAT STARTS
2 WITH THE CLINICAL TRIALS. THAT LEADS TO
3 AFFORDABILITY AND ACCESSIBILITY TO THE TREATMENTS
4 THAT MAY EMERGE FROM THOSE CLINICAL TRIALS AND THE
5 FDA. SO ALL OF THAT IS COMPOSITE.

6 SO I JUST APPRECIATE THE REMARKS THAT HAVE
7 BEEN MADE BY ALL OF YOU WHO HAVE SPOKEN AND JUST TO
8 REITERATE THAT WAS OUR INTENT WHEN WE PUT THIS
9 LANGUAGE IN HERE IN TERMS OF THE COMMUNITY CARE
10 CENTERS AND HOW WE CAN UTILIZE THAT VEHICLE FOR MORE
11 ACCESSIBILITY STATEWIDE.

12 CHAIRMAN THOMAS: THANK YOU, SENATOR
13 TORRES. I BELIEVE DR. BRASHEAR IS NEXT.

14 DR. BRASHEAR: I JUST WANT TO SAY THAT I
15 AGREE WITH THE COMMENTS OF DEBORAH DEAS AND SENATOR
16 TORRES. THIS IS A CHANCE TO PIVOT TOWARDS
17 INCLUSIVE, TRANSPARENT PROGRAMS OR HEALTH EQUITY.
18 ONE OF THE THINGS ABOUT THE CLINICAL TRIALS IS IT
19 MEANS THAT WE NEED TO GET OUT INTO THE COMMUNITY AND
20 BRING THESE TRIALS TO THEM RATHER THAN JUST WAITING
21 FOR PEOPLE TO COME TO THE ALPHA STEM CELL CLINICS.

22 SO I THINK THIS IS A REALLY GREAT
23 INITIATIVE AND ONE THAT OVER THE NEXT COUPLE OF
24 YEARS WILL MEAN THAT OUR PATIENTS WHO MAY NOT BE
25 USED TO BEING IN CLINICAL TRIALS AND USED TO GETTING

BETH C. DRAIN, CA CSR NO. 7152

1 THESE CUTTING-EDGE TREATMENTS WILL SEE THIS AS, NOT
2 ONLY SOMETHING THEY'RE INTERESTED IN, BUT ALMOST
3 COMMONPLACE FOR THEIR PARTICULAR DISEASES.

4 CHAIRMAN THOMAS: THANK YOU. OTHER
5 COMMENTS BY MEMBERS OF THE BOARD?

6 DR. PADILLA: I JUST WANTED TO COMMENT AND
7 AGREE WITH EVERYTHING THAT WAS SAID. FOR
8 TRANSPARENCY ISSUES, COULD THE NEW REGULATIONS ALSO
9 ALLOW FOR PERHAPS MAYBE A TRANSPARENT NEEDS ANALYSIS
10 SO THAT THE STATE OF CALIFORNIA POPULATIONS CAN BE
11 AWARE OF HOW THE DETERMINATION IS BEING MADE FOR
12 ESTABLISHING OUTREACH CENTERS THAT IS MORE EQUITABLE
13 TO BOTH THE LOCATION, THE FINANCIAL, AND THE ETHNIC
14 REPRESENTATION OF THE MEMBERS OF CALIFORNIA? SO
15 COULD WE DO A CALL FOR PROPOSALS TO DO A NEEDS
16 ANALYSIS FOR WHERE THESE NEW CENTERS MIGHT BE
17 LOCATED?

18 CHAIRMAN THOMAS: THAT'S A VERY
19 INTERESTING SUGGESTION, DR. PADILLA. LET'S FURTHER
20 DISCUSS THAT. I THINK ALL OF THESE COMMENTS ARE
21 GETTING AT IDENTIFYING THE AREAS THAT MANDATE
22 ATTENTION IS SPOT ON AND DIRECTLY UNDERLIES THE
23 WHOLE IDEA OF THIS NEW PROGRAM. SO WE'LL
24 INCORPORATE ALL THESE COMMENTS AND HAVE FURTHER
25 DISCUSSION ON THE BEST WAY TO GO ABOUT MAKING SURE

1 THAT HAPPENS.

2 DR. SANDMEYER.

3 DR. SANDMEYER: COULD MAYBE ART COMMENT A
4 LITTLE BIT ON WHETHER THERE'S ANY KIND OF A
5 CONNECTION THAT'S FORMALIZED BETWEEN THE CENTERS OF
6 EXCELLENCE AND THE AFFORDABILITY AND ACCESS GRANT
7 PROGRAM?

8 MR. TORRES: THE QUESTION AGAIN?

9 DR. SANDMEYER: JUST WHETHER THERE WAS
10 IMAGINED TO BE FORMAL CONNECTION BETWEEN THE GRANT
11 PROGRAM FOR ACCESS AND AFFORDABILITY WHICH GETS
12 QUITE A BIT OF FUNDING AND THESE CENTERS OF
13 EXCELLENCE. SO IS THERE A LINK BETWEEN SORT OF THE
14 THREE POINTS OF THE TRIANGLE, IF YOU WILL, THE
15 CENTERS, THE ALPHA STEM CELL CLINICS, AND THEN THESE
16 GRANTS? IS THAT FORMAL?

17 MR. TORRES: IT'S NOT FORMAL, BUT I THINK
18 IT WILL EVOLVE AS MARIA AND I PUT THE STRATEGY
19 TOGETHER FOR THE WORKING GROUP BECAUSE IT'S ALL
20 INVOLVED IN A GLOBAL APPROACH TO THIS ISSUE. AND SO
21 I THINK THAT'S GOING TO TAKE TIME AS WE FERRET OUT
22 THE PRIORITIES, BUT CLEARLY THERE HAS TO BE A
23 RELATIONSHIP, AS OUR DEAN FROM UC DAVIS SAID,
24 ESPECIALLY IN RESPECT TO CLINICAL TRIALS. AND WE
25 HAVE TO PROVIDE OUTREACH TO COMMUNITIES THAT AREN'T

BETH C. DRAIN, CA CSR NO. 7152

1 GOING TO BE ABLE TO DRIVE TO L.A. OR OTHER PLACES
2 WHERE WE'VE HAD TRADITIONAL CLINICAL TRIALS SO THAT
3 THESE COMMUNITY CARE CENTERS OFFER THAT
4 AVAILABILITY.

5 DR. SANDMEYER: THANK YOU.

6 CHAIRMAN THOMAS: OKAY. ANY OTHER
7 COMMENTS BY MEMBERS OF THE BOARD ON THIS ITEM?
8 OKAY. THANK YOU, EVERYBODY. I JUST NOTE FOR
9 MEMBERS OF THE BOARD WHO ARE ON THE CALL HERE THAT
10 PUBLIC COMMENT WILL BE ENTERTAINED ON ALL OF THE
11 ELEMENTS FOLLOWING DR. MILLAN'S PRESENTATION AT THE
12 END OF MR. HARRISON'S PRESENTATION. SO, JAMES, ON
13 TO POINT NO. 2.

14 MR. HARRISON: THANKS, J.T.

15 THE SECOND NEW PROGRAM THAT PROP 14
16 ESTABLISHES OR MORE APPROPRIATELY REESTABLISHES ARE
17 TRAINING AND FELLOWSHIP PROGRAMS. AS SOME OF YOU
18 KNOW AND AS DR. PRIETO AND DR. STEWARD WILL RECALL,
19 THE VERY FIRST AWARDS THAT CIRM MADE BACK IN 2005
20 WERE TRAINING GRANT AWARDS, ONE OF WHICH LED TO THE
21 TRAINING OF DR. ROSSI, WHICH J.T. REFERRED TO
22 EARLIER, CO-FOUNDER OF MODERNA. PROP 14
23 REESTABLISHES THIS PROGRAM WHICH WAS TERMINATED IN
24 APPROXIMATELY 2012 AFTER THOSE GRANT TERMS RAN THEIR
25 COURSE.

BETH C. DRAIN, CA CSR NO. 7152

1 THERE ARE TWO ELEMENTS OF THE TRAINING AND
2 FELLOWSHIP PROGRAMS. AND THE TERMINOLOGY IS A
3 LITTLE BIT CONFUSING BECAUSE PROP 14 REFERS TO
4 TRAINING AWARDS WHICH REALLY ARE THE CIRM BRIDGES
5 PROGRAM. SO THESE ARE AWARDS TO TRAIN
6 UNDERGRADUATES IN TECHNICAL CAREERS IN STEM CELL
7 RESEARCH AND OTHER VITAL RESEARCH OPPORTUNITIES
8 IDENTIFIED BY THE BOARD AND TO PROVIDE FELLOWSHIPS
9 TO MASTER'S STUDENTS FOR ADVANCED DEGREES. PROP 14
10 DOES MAKE CLEAR THAT THERE IS THE OPPORTUNITY FOR
11 COLLABORATION WITH INDUSTRY THROUGH SPONSORED
12 INTERNSHIPS.

13 WHAT CIRM REFERRED TO IN 2005 AS ITS
14 TRAINING AWARDS UNDER PROP 14 ARE REFERRED TO AS
15 FELLOWSHIP AWARDS. AND THIS IS A PROGRAM DESIGNED
16 TO PROVIDE FUNDING TO ACADEMIC AND NONPROFIT
17 RESEARCH INSTITUTIONS TO SUPPORT GRADUATE, POST-DOC,
18 AND MEDICAL STUDENTS IN STEM CELL RESEARCH AND OTHER
19 VITAL RESEARCH OPPORTUNITIES. AND IT SPECIFICALLY
20 REFERENCED THE POSSIBILITY OF COLLABORATION THROUGH
21 THE ALPHA STEM CELL CLINICS OR COMMUNITY CARE
22 CENTERS OF EXCELLENCE AS PART OF THE FELLOWSHIP.

23 J.T., I'LL PAUSE THERE AND TURN IT BACK TO
24 YOU.

25 CHAIRMAN THOMAS: SO THANK YOU, JAMES. SO

BETH C. DRAIN, CA CSR NO. 7152

1 WE ARE GOING TO DIVERT SLIGHTLY FROM OUR SEQUENCE
2 HERE ON THIS PARTICULAR ITEM. AS DR. MILLAN AND DR.
3 SHEPARD HAVE COMMENTS, SORT OF GIVING MORE
4 BACKGROUND ON THESE PROGRAMS WHEN WE GET TO THEIR
5 PRESENTATION. AND I WOULD LIKE TO HAVE THOSE
6 COMMENTS MADE BEFORE THE BOARD DISCUSSES THIS
7 PARTICULAR ITEM AS I THINK THAT WILL BETTER INFORM
8 THE CONVERSATION. SO, JAMES, IF YOU COULD MOVE ON
9 TO THE NEXT ITEM PLEASE.

10 MR. HARRISON: YES. THE OTHER NEW PROGRAM
11 UNDER PROP 14, AGAIN, WILL BE FAMILIAR TO SOME OF
12 YOU SINCE IT BUILDS UPON ONE OF CIRM'S INITIAL
13 PROGRAMS. THIS IS THE SHARED LABS PROGRAM WHICH IS
14 DESIGNED TO PROVIDE FUNDING TO ACADEMIC AND
15 NONPROFIT RESEARCH INSTITUTIONS FOR SPECIALIZED LABS
16 TO CONDUCT STEM CELL RESEARCH, INCLUDING
17 INSTRUMENTATION, CELL LINES, CULTURE MATERIALS, AS
18 WELL AS TRAINING AND INSTRUCTION IN RESEARCH METHODS
19 AND TECHNOLOGIES.

20 ONE SPECIFIC ASPECT OF THE PROGRAM
21 DESIGNED TO PROMOTE COLLABORATION AND ACCESS IS A
22 REQUIREMENT THAT THE SHARED LAB AWARDEES PROVIDE AN
23 ACCESS PLAN FOR RESEARCHERS AT NEIGHBORING
24 INSTITUTIONS BOTH FOR PURPOSES OF ACCESSING THE
25 TRAINING CLASSES AS WELL AS FOR THE CONDUCT OF

BETH C. DRAIN, CA CSR NO. 7152

1 RESEARCH. IMPORTANTLY, AS I'LL DISCUSS A LITTLE BIT
2 LATER, PROP 14 DOES ALLOCATE SOME FACILITIES FUNDING
3 TO BUILD, EQUIP, AND OPERATE THE COMMUNITY CARE
4 CENTERS OF EXCELLENCE, AS WELL AS TO BUILD AND EQUIP
5 SHARED LABS.

6 CHAIRMAN THOMAS: SO THIS GOES BACK TO THE
7 EARLY DAYS AGAIN. AND I WONDERED, WITHOUT PUTTING
8 YOU GUYS ON THE SPOT, DR. STEWARD OR DR. PRIETO, IF
9 YOU HAVE THOUGHTS ON THE SHARED LABS AS IT WAS IN
10 ITS FIRST ITERATION AND GOING FORWARD AS WELL SINCE
11 YOU GUYS ARE THE SEASONED VETERANS WHO LIVED THIS IN
12 REAL TIME BACK IN THE EARLY DAYS.

13 DR. PRIETO: OS, DO YOU WANT TO GO FIRST?

14 DR. STEWARD: SURE, I CAN. YEAH. I THINK
15 THAT THE SHARED LABS CERTAINLY PLAYED AN IMPORTANT
16 FUNCTION AT THE TIME IN I THINK WHAT I WOULD CALL
17 THE LAUNCH OF THE REALLY NEW TECHNOLOGIES THAT
18 EVERYBODY WAS TRYING TO DEPLOY. AND GOING FORWARD,
19 I THINK THAT THOSE SHARED LABS COULD PLAY THAT ROLE
20 AGAIN IN ADDITION, OF COURSE, TO THE ROLES THAT
21 WE'VE ALREADY TALKED ABOUT IN TERMS OF THE TRAINING
22 AND ENGAGEMENT OF PEOPLE IN THESE NEW TECHNOLOGIES.
23 AND I THINK REALLY IMPORTANTLY BEGINNING TO THINK IN
24 LET'S CALL IT CIRM-Y TERMS -- I LOVE IT -- MEANING
25 THAT THERE'S A GOAL OUT THERE. THERE'S AN URGENCY.

BETH C. DRAIN, CA CSR NO. 7152

1 AND CIRM DOES SCIENCE IN A DIFFERENT WAY THAN OTHER
2 ORGANIZATIONS IN TERMS OF THAT FOCUS ON THE PRIZE,
3 SO TO SPEAK, GETTING IT DONE FOR THE PATIENTS.

4 SO I THINK THAT THAT WAS ONE OF THE
5 REASONS THAT THE SHARED LABS WAS A SUCCESS. GETTING
6 INTO THAT ENVIRONMENT AND EXPERIENCE THINGS PERHAPS
7 IN A DIFFERENT WAY THAN PEOPLE HAVE BEFORE. THANK
8 YOU.

9 DR. MELMED: J.T., I WANT TO JUST PICK UP
10 ON WHAT OS JUST SAID ABOUT TRAINING. WE DID
11 CONSIDER IN PREVIOUS ITERATIONS OF OUR LONG-TERM
12 PLANNING FORMALIZING TRAINING IN TERMS OF TRAINING
13 PROGRAMS AND HAVING FORMAL FELLOWSHIPS AND
14 POST-DOCS. IS THIS GOING TO BE PART OF THIS
15 INITIATIVE, OR ARE WE GOING TO HAVE A SEPARATE
16 TRAINING INITIATIVE? TRAINING FORMALIZATION BOTH
17 FOR POST-DOCS AND FOR CLINICAL FELLOWS, I THINK,
18 SHOULD BE FORMALIZED. AND WE WOULD BE IN A VERY
19 UNIQUE SITUATION OF CREATING THE FIRST SUCH
20 ACCREDITED PROGRAMS PROBABLY IN THE WORLD BASED ON
21 STEM CELL MEDICINE.

22 CHAIRMAN THOMAS: DR. MELMED, WE'RE GOING
23 TO TABLE THAT QUESTION TILL WE GET TO THE PART OF
24 DR. MILLAN'S PRESENTATION DEALING WITH THE TRAINING
25 PROGRAMS, AND WE WILL DISCUSS THAT IN DETAIL IF

BETH C. DRAIN, CA CSR NO. 7152

1 THAT'S OKAY.

2 SO DR. PRIETO ON SHARED LABS.

3 DR. PRIETO: WELL, NOT JUST ON SHARED
4 LABS. I THOUGHT OS MIGHT BE ABLE TO SPEAK MORE
5 BRILLIANTLY THAN I ON THAT TOPIC, BUT IT WAS AN
6 IMPORTANT PART OF OUR EARLY STEPS. AND I REALLY
7 WANTED TO TALK MORE ABOUT THE TRAINING PROGRAMS.
8 EARLY ON WE HAD A PRETTY ROBUST CONVERSATION WITH
9 FOLKS FROM THE CSU AND THE CALIFORNIA COMMUNITY
10 COLLEGE SYSTEMS ABOUT THESE TRAINING PROGRAMS, ABOUT
11 PIPELINE ISSUES. AND REALLY THIS TOUCHES ON A LOT
12 OF THINGS EVEN ON HEALTH EQUITY THAT WE WERE TALKING
13 ABOUT A FEW MINUTES AGO BECAUSE IF YOU WANT TO BRING
14 ALL OF CALIFORNIA INTO THE MAINSTREAM, YOU HAVE TO
15 INVOLVE ALL THE COMMUNITIES OF CALIFORNIA IN THIS.

16 I THINK THAT THE COMMUNITY CARE CENTERS OF
17 EXCELLENCE ARE PART OF THAT CONVERSATION. WE SHOULD
18 BE TALKING WITH PEOPLE FROM COVERED CALIFORNIA ABOUT
19 HOW DOES THIS INTERACT WITH THE REST OF OUR
20 HEALTHCARE SYSTEM. I'M GLAD TO SEE THIS HAPPENING.
21 IT IS A LITTLE BIT FULL CIRCLE, AND I THINK IT'S A
22 GOOD THING.

23 CHAIRMAN THOMAS: THANK YOU, DR. PRIETO.

24 I NOTE THAT DR. DEBENEDETTI WHO WAS
25 APPOINTED TO THE AAWG IS THE COVERED CALIFORNIA

BETH C. DRAIN, CA CSR NO. 7152

1 PERSON ON THAT ENTITY. SO WE'LL CERTAINLY GET THAT
2 PERSPECTIVE AMONGST MANY OTHERS.

3 OTHER COMMENTS ON THE SHARED LAB ITEM BY
4 MEMBERS OF THE BOARD?

5 MS. DURON: MR. CHAIRMAN, JUST TO TALK
6 ABOUT SHARED. FRANCISCO LIT THE FIRE UNDER ME,
7 THINKING THAT I LOVE THE IDEA OF ADDRESSING
8 PIPELINE. AND I THINK THAT IF THERE'S ANOTHER
9 PARTNER YOU MIGHT BRING INTO THIS, IT MIGHT BE A
10 GREAT PLACE TO PUT THESE COMMUNITY CARE CENTERS, AND
11 THAT IS THE CALIFORNIA PRIMARY CARE ASSOCIATION
12 WHICH REPRESENTS 1300 CLINICS IN CALIFORNIA THAT
13 SERVE THE MOST VULNERABLE OF OUR POPULATIONS, ONE IN
14 SEVEN CALIFORNIANS. THEY COULD BE EXCELLENT
15 PARTNERS AROUND THIS ISSUE.

16 SOME OF THEM EVEN HAVE THEIR OWN IRB'S AND
17 ATTEMPT TO DO RESEARCH. SO THERE IS SOME REAL
18 POSSIBILITIES BECAUSE YOU'LL PROBABLY FIND THEM IN
19 COMMUNITIES WHERE THERE ARE NOT GREAT RESEARCH
20 CENTERS. AND THEY MIGHT BE THE GREAT LINKS THAT
21 YOU'RE LOOKING FOR FOR MULTIPLE REASONS.

22 CHAIRMAN THOMAS: VERY GOOD SUGGESTION.
23 THANK YOU.

24 DR. YAMAMOTO: I WOULD JUST LIKE TO LEARN
25 A LITTLE BIT ABOUT HOW THIS PROGRAM WAS UTILIZED AND

BETH C. DRAIN, CA CSR NO. 7152

1 HOW IT WAS SUCCESSFUL IN QUANTITATIVE WAYS. HOW
2 MANY LABORATORIAN'S WERE ACCESSED IN THIS WAY? HOW
3 MANY SHARED LAB GRANTS WERE GIVEN? AND HOW WERE
4 THEY UTILIZED? WHAT KINDS OF TRAINEES CAME INTO
5 THOSE ENVIRONMENTS AND SO FORTH?

6 CHAIRMAN THOMAS: SO, DR. MILLAN, DO YOU
7 HAVE ANY IDEA ON THAT?

8 DR. MILLAN: THAT WILL BE PART OF OUR
9 PRESENTATION, SO AFTER THIS DISCUSSION, WHICH IS
10 EXTREMELY USEFUL. THANK YOU SO MUCH. THIS IS A
11 GREAT DISCUSSION. WE'LL BE PROVIDING SOME MORE KIND
12 OF BACKGROUND INFORMATION FOR PROGRAMS THAT HAVE
13 BEEN IDENTIFIED WHERE THERE WERE SOME LEGACY FORMATS
14 OF THESE PROGRAMS, AND THAT WILL BE ALSO VERY
15 INFORMATIVE. SO THE SHARED LABS KIND OF OUTPUT WILL
16 BE PART OF THAT PRESENTATION.

17 DR. YAMAMOTO: GREAT. THANKS, MARIA.

18 CHAIRMAN THOMAS: THANK YOU. OTHER
19 COMMENTS BY MEMBERS OF THE BOARD?

20 DR. DEAS: YES. I REALLY LIKE THE
21 REQUIREMENT OF THE SHARED LABS PROVIDING THE ACCESS
22 TO RESEARCHERS FROM NEIGHBORING INSTITUTIONS. AND
23 THOSE INSTITUTIONS THAT COME TO MIND INCLUDE THE
24 COMMUNITY COLLEGES. THEREFORE, I WOULD ALSO BE
25 CAREFUL NOT TO TIE IN THE TRAINING PROGRAM AT THE

BETH C. DRAIN, CA CSR NO. 7152

1 POST-DOC LEVEL WITH THE SHARED LABS. WE CAN DO
2 BOTH, HAVE POST-DOCS IN THE SHARED LABS, BUT IT
3 DOESN'T PRECLUDE PEOPLE, TRAINEES, THAT ARE NOT
4 POST-DOC BECAUSE IF WE DID THAT, THEN WE HAMPER THE
5 PIPELINE. AND I'D LIKE TO SEE FROM THOSE COMMUNITY
6 COLLEGES STUDENTS AT VARIOUS LEVELS BEING ABLE TO
7 BENEFIT FROM THE EXPERIENCE IN THESE SHARED LABS AS
8 WELL AS FACULTY AT THOSE INSTITUTIONS.

9 CHAIRMAN THOMAS: THANK YOU, DR. DEAS.
10 AND, AGAIN, THAT POINT WE'LL REVISIT WHEN WE GET TO
11 THE PRESENTATION ON TRAINING, DR. MILLAN, A LITTLE
12 BIT LATER.

13 OTHER COMMENTS BY MEMBERS OF THE BOARD?
14 THANK YOU. JAMES, NEXT ITEM.

15 MR. HARRISON: SO WE'VE DISCUSSED THE
16 THREE LEGACY PROGRAMS UPON WHICH PROP 14 BUILT THE
17 ALPHA STEM CELL CLINIC, COMMUNITY CARE CENTERS OF
18 EXCELLENCE, THE TRAINING AND FELLOWSHIP PROGRAM, AND
19 THE SHARED LABS. THE ONE UNIQUELY NEW ELEMENT OF
20 PROP 14 IS THE ESTABLISHMENT OF THE TREATMENT AND
21 CURES ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.
22 THIS IS A NEW DIRECTION FOR CIRM TO BE RESPONSIBLE
23 FOR ESTABLISHING THIS GROUP TO CONSIDER ISSUES OF
24 ACCESS AND AFFORDABILITY, TO RECOMMEND POLICIES AND
25 PROGRAMS WITH AN EYE TOWARDS ENHANCING ACCESS TO

BETH C. DRAIN, CA CSR NO. 7152

1 CIRM-FUNDED CLINICAL TRIALS AND TREATMENTS AND CURES
2 THAT ARISE FROM CIRM-FUNDED RESEARCH, AS WELL AS TO
3 CONSIDER ISSUES OF AFFORDABILITY.

4 AS THE CHAIR MENTIONED EARLIER, THE NEW
5 WORKING GROUP IS COMPOSED OF 17 MEMBERS, FIVE
6 MEMBERS OF THE BOARD, THE CHAIR AND VICE CHAIR OF
7 THE BOARD, AS WELL AS TEN OUTSIDE EXPERTS IN AREAS
8 LIKE COVERAGE, REIMBURSEMENT, HEALTHCARE DELIVERY,
9 PATIENT ACCESS, AND HEALTHCARE ECONOMICS. SO THE
10 WORKING GROUP WILL HAVE THE BENEFIT OF BROAD
11 EXPERTISE ON THESE ISSUES AS IT CONSIDERS
12 RECOMMENDING POLICIES AND PROGRAMS TO THE BOARD IN
13 AN EFFORT TO ENHANCE THE ACCESSIBILITY AND
14 AFFORDABILITY OF CIRM-FUNDED TREATMENTS AND CURES.

15 IT IS IMPORTANT TO NOTE THAT IN ADDITION
16 TO ESTABLISHING THE WORKING GROUP, PROP 14 ALLOCATES
17 FUNDING FOR RESEARCH CONSULTING AWARDS IN THE AREA
18 OF ACCESSIBILITY AND AFFORDABILITY. AND IT ALSO
19 PROVIDES FOR THE REVIEW OF APPLICATIONS FOR FUNDING
20 BY THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP
21 SIMILAR TO THE FUNCTION THAT THE GRANTS WORKING
22 GROUP PLAYS WITH RESPECT TO RESEARCH AWARDS. AND IT
23 PROVIDES FOR THE BOARD TO MAKE ALL FINAL DECISIONS
24 WITH RESPECT TO THOSE RESEARCH CONSULTING AWARDS.

25 J.T., I'LL TURN IT BACK TO YOU.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN THOMAS: JAMES, COULD YOU ALSO
2 COMMENT ON IT PROVIDES FOR HIRING OF ADDITIONAL
3 MEMBERS OF THE CIRM TEAM? COULD YOU ADDRESS THAT AS
4 WELL?

5 MR. HARRISON: YES, THAT'S CORRECT. IT
6 ALLOCATES FUNDING FOR ADMINISTRATIVE SUPPORT OF THE
7 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP AND
8 PROVIDES FOR THE HIRING OF UP TO 15 EMPLOYEES TO
9 SUPPORT THAT EFFORT.

10 CHAIRMAN THOMAS: THANK YOU. SO THIS
11 WORKING GROUP IS A WORK IN PROGRESS. WE GET A LOT
12 OF QUESTIONS ABOUT THIS BECAUSE THIS IS AN
13 ABSOLUTELY CRUCIAL NEW PART OF WHAT WE'RE GOING TO
14 BE DOING GOING FORWARD AS WE HEAD INTO THE ERA OF
15 INCREASING CLINICAL TRIALS AND THE DEVELOPMENT OF
16 TREATMENTS AND CURES.

17 I'VE ASKED SENATOR TORRES TO CHAIR THIS
18 WORKING GROUP, AND WE HAVE BEEN, AS I MENTIONED
19 EARLIER, IN THE PROCESS OF IDENTIFYING THE BOARD
20 MEMBERS WHICH WE NAMED AS WELL AS THE ADDITIONAL TEN
21 MEMBERS AND WILL HAVE A NUMBER OF NEW MEMBERS TO
22 PRESENT TO YOU FOR CONSIDERATION AT THE NEXT
23 MEETING.

24 THE WORKING GROUP IS GOING TO, ONCE IT
25 CONVENES, HAVE TO DEAL WITH ITS OWN SORT OF

BETH C. DRAIN, CA CSR NO. 7152

1 STRATEGIC PLANNING AND OPERATIONAL PLANNING, ET
2 CETERA. AND HIRING OF THE UP TO 15 NEW MEMBERS OF
3 THE CIRM TEAM TO SUPPORT IT, ALL OF THAT IS DOWN THE
4 ROAD AT THIS POINT AND WILL TAKE A LITTLE WHILE TO
5 PUT TOGETHER AND IMPLEMENT. BUT I JUST WANTED TO
6 GIVE YOU THAT ADDITIONAL BACKGROUND. AND I OPEN UP
7 THE TOPIC TO COMMENTS BY MEMBERS OF THE BOARD.
8 LET'S NOT BE SHY. SENATOR TORRES, MAYBE YOU'D LIKE
9 TO MAKE SOME COMMENTS ABOUT THIS.

10 MR. TORRES: WELL, I THINK IT'S PRETTY
11 SELF-EVIDENT, SO WE'LL JUST CONTINUE TO REPORT BACK
12 TO THE BOARD AS WE MAKE MORE APPOINTMENTS, AND THEN
13 MOVE FORWARD WITH OUR STRATEGIC PLAN THAT MARIA AND
14 I WILL BE WORKING ON TOGETHER AS WELL AS YOU.

15 CHAIRMAN THOMAS: OKAY. OTHER COMMENTS BY
16 MEMBERS OF THE BOARD? OKAY. HEARING NONE, LET'S
17 MOVE ON TO THE NEXT TOPIC.

18 MR. HARRISON: ONE OF THE SIGNIFICANT
19 CHANGES PROP 14 MAKES IS TO AFFORD CIRM ADDITIONAL
20 FLEXIBILITY WITH RESPECT TO THE CATEGORIES OF
21 RESEARCH THE AGENCY FUNDS. UNDER EXISTING LAW, OR I
22 SHOULD SAY PREEXISTING LAW, CIRM WAS LIMITED TO
23 FUNDING STEM CELL RESEARCH AND WHAT WERE TERMED
24 OTHER VITAL RESEARCH OPPORTUNITIES. OTHER VITAL
25 RESEARCH OPPORTUNITIES WERE CONSIDERED STEM

BETH C. DRAIN, CA CSR NO. 7152

1 CELL-RELATED OPPORTUNITIES THAT CAME WITH THE
2 RECOMMENDATION OF TWO-THIRDS OF THE MEMBERS OF THE
3 WORKING GROUPS.

4 PROP 14 CHANGES THIS IN SEVERAL WAYS.
5 FIRST, IT INCLUDES GENETIC RESEARCH WITHIN THE SCOPE
6 OF CIRM FUNDING. SO IT DEFINES STEM CELL DISCOVERY
7 RESEARCH TO INCLUDE GENETIC RESEARCH, MAKING IT
8 AUTOMATICALLY WITHIN SCOPE FOR CIRM AWARDS.

9 ANOTHER INTERESTING CHANGE MADE BY PROP 14
10 IS TO EXPAND THE SCOPE OF AWARDS ACROSS THE RESEARCH
11 SPECTRUM. SO PREVIOUSLY PROP 71 PROVIDED THAT CIRM
12 COULD MAKE AWARDS FOR RESEARCH, THERAPY DEVELOPMENT,
13 AND CLINICAL TRIALS. PROP 14 EXPANDS THAT TO
14 INCLUDE AWARDS FOR THERAPY DELIVERY, BUT DOES NOT
15 OFFER ADDITIONAL DEFINITION OR GUIDANCE WITH RESPECT
16 TO WHAT THAT MIGHT ENTAIL, AFFORDING CIRM
17 SIGNIFICANT DISCRETION TO DEFINE ITS MISSION IN THAT
18 AREA.

19 IMPORTANTLY, PROP 14 AUTHORIZES THE BOARD
20 BY MAJORITY VOTE TO DESIGNATE A RESEARCH CATEGORY AS
21 A VITAL RESEARCH OPPORTUNITY, MEANING THAT THE BOARD
22 HAS THE POWER TO EXPAND THE SCOPE OF CIRM-FUNDED
23 RESEARCH BEYOND STEM CELL AND GENETIC RESEARCH.
24 PROP 14 OFFERS TWO EXAMPLES OF VITAL RESEARCH
25 OPPORTUNITIES, PERSONALIZED MEDICINE AND AGING AS A

BETH C. DRAIN, CA CSR NO. 7152

1 PATHOLOGY. ONCE THE BOARD HAS DESIGNATED CATEGORIES
2 OF VITAL RESEARCH OPPORTUNITY, IT IS WITHIN SCOPE
3 FOR PURPOSES OF FUNDING, MEANING THAT IT DOES NOT
4 NEED THE RECOMMENDATION OF TWO-THIRDS OF THE MEMBERS
5 OF THE WORKING GROUP IN ORDER FOR THE AGENCY TO FUND
6 IT.

7 AND, J.T., I'LL PAUSE THERE AND TURN IT
8 BACK TO YOU.

9 CHAIRMAN THOMAS: OKAY. ANY COMMENTS ON
10 THIS PARTICULAR PAGE? OBVIOUSLY EACH OF THESE
11 THINGS REFERENCES BROAD CATEGORIES THAT WE WILL BE
12 CONSIDERING GOING FORWARD. SO THERE WILL BE LOTS OF
13 DISCUSSION AS WE GET INTO SPECIFICS, BUT ANY SORT OF
14 GENERAL COMMENTS ON THIS PAGE?

15 DR. GASSON: I HAVE A QUESTION IN TERMS OF
16 GENETIC RESEARCH.

17 CHAIRMAN THOMAS: GOT A LOT OF STATIC
18 THERE.

19 DR. GASSON: IS THAT BETTER?

20 CHAIRMAN THOMAS: NOT REALLY.

21 DR. GASSON: TRYING AGAIN.

22 CHAIRMAN THOMAS: YES, PERFECT.

23 DR. GASSON: OH, GOOD. I JUST HAD A
24 QUESTION ABOUT GENETIC RESEARCH AND WHETHER THAT IS
25 REFERRING SPECIFICALLY TO GENE THERAPY, OR IF IT'S

BETH C. DRAIN, CA CSR NO. 7152

1 REFERRING BROADLY TO BASIC SCIENCE --

2 CHAIRMAN THOMAS: WE STARTED TO HEAR YOU,
3 THEN YOU SORT OF FADED OUT. IF YOU COULD JUST
4 PLEASE REPEAT THAT QUESTION.

5 DR. GASSON: CAN YOU HEAR ME NOW?

6 CHAIRMAN THOMAS: YES.

7 DR. GASSON: I HAD A QUESTION ON WHAT IS
8 COVERED BY GENETIC RESEARCH AND WHETHER IT'S
9 SPECIFICALLY REFERRING TO GENE THERAPY, OR IF IT
10 ALSO MORE BROADLY WOULD INCLUDE FUNDAMENTAL WORK
11 LOOKING AT GENETIC ALTERATIONS.

12 CHAIRMAN THOMAS: JAMES, I DON'T KNOW IF
13 YOU COULD HEAR THAT.

14 MR. HARRISON: I COULD. DR. GASSON ASKED
15 WHETHER GENETIC RESEARCH WAS SPECIFICALLY LIMITED TO
16 GENE THERAPY OR WAS BROADER THAN THAT. AND THE
17 ANSWER IS THAT IT IS NOT DEFINED. AT LEAST IT'S NOT
18 DEFINED BY PROP 14. IT'S WITHIN CIRM'S DISCRETION
19 TO DETERMINE HOW BROADLY TO CONSTRUE THE SCOPE OF
20 THAT FUNDING OPPORTUNITY.

21 DR. GASSON: THANK YOU VERY MUCH.

22 CHAIRMAN THOMAS: OTHER QUESTIONS BY
23 MEMBERS OR COMMENTS BY MEMBERS OF THE BOARD?

24 DR. PRIETO: I HAVE SOME CONCERNS. I
25 DON'T WANT TO WEIGH IN TOO MUCH HERE AS KIND OF A

BETH C. DRAIN, CA CSR NO. 7152

1 SHORT-TIMER, BUT I DO HAVE SOME CONCERNS ABOUT, NOT
2 NECESSARILY MISSION CREEP, BUT DEFINING FOR
3 PARTICULARLY THE GRANTS WORKING GROUP WHERE
4 DISCUSSIONS AROUND THESE ISSUES ARE OFTEN HELD WHAT
5 WE REALLY CONSIDER TO BE VITAL RESEARCH
6 OPPORTUNITIES. REMEMBERING THE ORIGINAL LANGUAGE OF
7 PROP 14 AS WELL AS THE NEW PROPOSITION, LOOKING FOR
8 OPPORTUNITIES TO DO THINGS THAT AREN'T BEING DONE
9 ELSEWHERE. I THINK THIS IS ONE OF THE REASONS WE'VE
10 HAD GREAT SUCCESS IS WE REALLY PIONEERED SOMETHING
11 THAT WAS NOT BEING DONE IN ANY MAJOR WAY IN OTHER
12 INSTITUTIONS UNTIL CALIFORNIA GOT THE BALL ROLLING.

13 WE DON'T WANT TO BE DUPLICATING WHAT OTHER
14 PEOPLE ARE DOING. I DON'T THINK THERE'S TOO MUCH
15 DANGER OF THAT, BUT WE NEED TO PROVIDE SOME GUIDANCE
16 FOR THE GWG WHEN THE RUBBER MEETS THE ROAD AND
17 THEY'RE EVALUATING GRANT APPLICATIONS.

18 CHAIRMAN THOMAS: YES. I THINK THAT'S
19 RIGHT. I DO THINK BY THE LANGUAGE OF THE
20 PROPOSITION, DR. PRIETO, THAT IT AIMS TO, AT THE
21 BOARD'S DISCRETION, INCREASE THE SCOPE OF WHAT MIGHT
22 QUALIFY AS A VRO. SO I THINK THAT AS WE GO ALONG,
23 THE BOARD WILL WANT TO HAVE A REAL DISCUSSION ON
24 THAT TOPIC. AND OBVIOUSLY THIS ISN'T MEANT TO OPEN
25 UP THE UNIVERSE TO A WIDE RANGE OF THINGS THAT HAVE

BETH C. DRAIN, CA CSR NO. 7152

1 NO RELEVANCE TO THE FIELD, BUT IT WILL LIKELY ENTAIL
2 THE SLIGHTLY ENLARGED VERSION OF WHAT'S ACCEPTABLE,
3 BUT DEFINITELY DO NEED TO HAVE THAT DISCUSSION AND
4 ABSOLUTELY DO NEED TO PROVIDE GUIDANCE TO THE GWG.
5 THANK YOU.

6 OTHER COMMENTS BY MEMBERS OF THE BOARD?

7 MS. DURON: MR. CHAIRMAN, TO FRANCISCO'S
8 POINT, IN MY MIND, OF COURSE, I WORK AROUND GENETIC
9 RESEARCH AS WELL, BUT WHERE I SEE IS THE DIFFERENCE
10 THAT CIRM CAN MAKE IS SOMETHING THAT WE HAVE NOW
11 ATTEMPTED TO INCLUDE IN OUR RESEARCH APPLICATIONS,
12 AND THAT IS A REAL FOCUSED, CONCENTRATED EFFORT TO
13 MAKE SURE THAT ALL RESEARCH IS INCLUSIVE OF
14 COMMUNITIES OF COLOR AND VULNERABLE POPULATIONS WHO
15 HAVE NOT BENEFITED FROM RESEARCH MUCH LESS ADVANCED
16 RESEARCH. AND I THINK THAT IF WE SHOW EXAMPLES AND
17 MODELS OF WHAT THAT REALLY LOOKS LIKE IN PRACTICE,
18 BECAUSE WE ARE KEEPING RESEARCHERS' FEET TO THE FIRE
19 ON THESE ISSUES, THAT TO ME IS THE NEW MODEL. THERE
20 JUST HASN'T BEEN ENOUGH FOCUS ON THIS. THERE HASN'T
21 BEEN ANY CONSEQUENCE FOR IGNORING THAT KIND OF
22 REQUIREMENT IN OUR APPLICATIONS. AND TO ME, IN MY
23 MIND, I DON'T CARE WHICH AREA OF RESEARCH, IT IS
24 THAT WE REQUIRE RESEARCHERS TO RESPECT AND TO DO
25 SOMETHING ABOUT UNDER-RESEARCHED POPULATIONS SO THAT

BETH C. DRAIN, CA CSR NO. 7152

1 THEY CAN BE BROUGHT INTO THE NORM OF CARE AND
2 TREATMENT AND ADVANCED CARE. THAT'S ALL I HAVE TO
3 SAY.

4 CHAIRMAN THOMAS: THANK YOU. OTHER
5 COMMENTS BY MEMBERS OF THE BOARD?

6 DR. BRASHEAR: YSABEL'S POINT. IS THAT
7 HARD CODED INTO THE REQUIREMENTS OF THE
8 APPLICATIONS? AND SO SAYING HOW YOU ARE GOING TO
9 EXTEND IT TO A BROADER COMMUNITY BE INCLUSIVE OF ALL
10 COMMUNITIES, IS THAT HARD CODED IN THE APPLICATION?
11 IS IT MANDATED TO HAVE A PART IN THAT?

12 CHAIRMAN THOMAS: SO WE'VE HAD A LOT OF
13 DISCUSSION ON THIS. DR. MILLAN, WOULD YOU LIKE TO
14 SPEAK TO THAT POINT?

15 DR. MILLAN: ABSOLUTELY. DR. BRASHEAR,
16 CURRENTLY THERE IS A SECTION OF ALL APPLICATIONS FOR
17 PROGRAM ANNOUNCEMENTS THAT ARE OPEN WHERE THE
18 RESEARCHERS ARE REQUIRED TO OUTLINE THEIR PLAN THAT
19 ADDRESS DIVERSITY, EQUITY, AND INCLUSION THAT ARE
20 APPROPRIATE FOR THE TYPE OF PROGRAM THEY'RE DOING,
21 WHETHER IT'S IN THE BASIC SCIENCE, TRANSLATIONAL
22 CLINICAL STAGE. AND THAT IS SOMETHING THAT'S NOW
23 PART OF THE APPLICATION AND WILL BE BROUGHT IN FRONT
24 OF THE REVIEW PANEL, THE GWG, AS WELL AS THE BOARD,
25 AND THE BOARD WILL BE ABLE TO ALSO HAVE PROGRAMMATIC

BETH C. DRAIN, CA CSR NO. 7152

1 DISCUSSIONS ON THOSE TOPICS.

2 DR. SANDMEYER: CAN SOMEONE COMMENT ON HOW
3 DYNAMIC THESE VRO'S ARE? SO ONCE ESTABLISHED, IS IT
4 SORT OF A STANDING VRO OR ARE THEY MORE ON A
5 CASE-BY-CASE BASIS? LIKE THOSE EXAMPLES, ARE THEY
6 STANDING VRO'S ALREADY, OR IS THAT A FOR INSTANCE?

7 CHAIRMAN THOMAS: TO DATE THE VRO HAS BEEN
8 VERY CASE BY CASE SPECIFIC, AND WE'VE HAD NOT THAT
9 MANY INSTANCES WHERE THEY'VE BEEN ACTUALLY
10 CONSIDERED BY THE GWG, BUT THEY'VE BEEN VERY DEFINED
11 WITH RESPECT TO SCOPE AND THE PARTICULARS OF THE
12 APPLICATION QUESTION. I THINK THAT THIS IS
13 SOMETHING THAT WE WILL HAVE ADDITIONAL DISCUSSION ON
14 AS TO HOW BROAD GOING FORWARD THE CATEGORIES MAY BE.

15 JAMES, AGAIN, WHAT WAS THE THOUGHT OF THE
16 FRAMERS ON THAT PARTICULAR QUESTION?

17 MR. HARRISON: TO BE CLEAR, THERE'S
18 NOTHING AUTOMATIC ABOUT THE VITAL RESEARCH
19 OPPORTUNITIES. IT WOULD REQUIRE BOARD ACTION TO
20 DESIGNATE A CATEGORY OF RESEARCH. EVEN THE EXAMPLES
21 THAT WERE OFFERED IN PROP 14, PERSONALIZED MEDICINE
22 AND AGING AS A PATHOLOGY, AS VITAL RESEARCH
23 OPPORTUNITIES BEFORE THOSE CATEGORIES OF RESEARCH
24 COULD BECOME ELIGIBLE FOR FUNDING. SO THAT WOULD
25 HAVE TO BE AN EXPRESS DECISION MADE BY THE BOARD

BETH C. DRAIN, CA CSR NO. 7152

1 BEFORE ADDITIONAL RESEARCH CATEGORIES COULD BE THE
2 SUBJECT OF CIRM AWARDS.

3 DR. SANDMEYER: SO PEOPLE WOULDN'T APPLY
4 SORT OF WITHOUT BEING ABLE TO ASSERT THEMSELVES AS A
5 VRO.

6 MR. HARRISON: CORRECT. I THINK THE
7 NOTION IS THAT THE BOARD WOULD FIRST ACT TO
8 DESIGNATE SOME NEW OPPORTUNITY, AS DR. PRIETO
9 MENTIONED, WHICH IS BEING CURRENTLY UNDERSERVED. AS
10 A VITAL RESEARCH OPPORTUNITY, THE CIRM TEAM WOULD
11 DEVELOP A CONCEPT PLAN AND A PROGRAM ANNOUNCEMENT
12 WHICH WOULD DEFINE THE TERMS OF ELIGIBILITY.

13 SO THERE'S NOTHING AUTOMATIC AND CIRM WILL
14 NOT BE ACCEPTING APPLICATIONS FOR VITAL RESEARCH
15 OPPORTUNITIES PRIOR TO THE BOARD'S DECISION TO GRANT
16 THAT STATUS AND THE ISSUANCE OF A PROGRAM
17 ANNOUNCEMENT IN THAT AREA.

18 DR. MELMED: I THINK THAT'S A VERY
19 IMPORTANT QUESTION. I THINK SUZANNE RAISES A VERY,
20 VERY IMPORTANT QUESTION FOR THIS BOARD. PART OF THE
21 SIGNIFICANT SCIENTIFIC DIRECTION OR STRATEGY THAT WE
22 COULD OFFER IS, IN FACT, IN THIS EXAMPLE. AND I
23 THINK WE SHOULD REALLY DELINEATE A PROCESS BY WHICH
24 THE BOARD WILL BE ABLE TO PRIORITIZE VRO'S. WE ARE
25 GOING TO GET INUNDATED WITH ALL OF OUR INPUTS AS TO

BETH C. DRAIN, CA CSR NO. 7152

1 FAVORITE TOPICS FOR VRO'S. I THINK IT'S VERY
2 IMPORTANT THAT WE HAVE A RIGOROUS AND TRANSPARENT
3 PROCESS TO PRIORITIZE VRO'S. THIS WILL BECOME THE
4 MOST IMPORTANT STRATEGIC DRIVER, I THINK, FOR THE
5 FUTURE OF OUR SUPPORT.

6 CHAIRMAN THOMAS: THANK YOU. THANK YOU
7 ALL. OTHER COMMENTS BY MEMBERS OF THE BOARD?

8 DR. YAMAMOTO: I AGREE WITH THESE POINTS
9 THAT HAVE BEEN MADE ABOUT VRO'S, BUT I WOULD ALSO
10 LIKE TO JUST GO BACK TO THE TOP OF THIS SLIDE TO
11 MAYBE CONSIDER GENETIC RESEARCH BROADENING OF THE
12 SCOPE OF CIRM FUNDING. WHAT'S STATED IS THAT STEM
13 CELL DISCOVERY RESEARCH WOULD INCLUDE GENETIC
14 RESEARCH. GENETIC RESEARCH, OF COURSE, IS EXTREMELY
15 BROAD. AND SO CONCERNS ABOUT MISSION CREEP, TO ME,
16 WOULD REALLY BEGIN TO EXTEND TO CONCERNS ABOUT A
17 DEPARTURE FROM MISSION OVERALL. AND THERE'S A LOT
18 OF RESEARCH THAT COULD BE CLASSIFIED AS GENETIC
19 RESEARCH. AND TO JUST INCLUDE THAT BIG BUNDLE AS
20 STEM CELL DISCOVERY RESEARCH WITHOUT FURTHER
21 DISCRIMINATION, I HAVE SOME CONCERNS THAT WE WOULD
22 AGAIN BE FLOODED WITH APPLICATIONS THAT REALLY HAVE
23 NOTHING TO DO WITH STEM CELL DISCOVERY, BUT ARE VERY
24 VALID GENETIC RESEARCH PROJECTS.

25 I'M NOT OPPOSED TO THE FACT THAT CIRM

BETH C. DRAIN, CA CSR NO. 7152

1 WOULD BROADEN ITS SCOPE INTO INCLUDE EXCITING, NEW
2 GENETIC RESEARCH, BUT IT IS, I THINK, IMPORTANT FOR
3 US TO CONSIDER WHAT THE CHALLENGES THAT WOULD BE
4 INCUMBENT ON BROADENING IT TO THAT EXTENT WITHOUT
5 DISCRIMINATION. SO I GUESS MY QUESTION IS MAYBE WE
6 LEARN A LITTLE BIT MORE ABOUT WHAT THE INTENT WAS IN
7 THE FRAMING OF THIS ELEMENT AND WHETHER THE GRANTS
8 WORKING GROUPS WOULD HAVE SOME DISCRETION IN TERMS
9 OF BEING ABLE TO ASSESS WHETHER A GIVEN GENETIC
10 RESEARCH PROJECT REALLY WAS WITHIN SCOPE OF WHAT
11 CIRM'S PRIMARY MISSION IS.

12 DR. STEWARD: COULD I JUST ADD SOMETHING,
13 J.T. -- THIS IS OS -- OR MAYBE MAKE A COMMENT HERE?

14 CHAIRMAN THOMAS: YES, PLEASE.

15 DR. STEWARD: SO JUST MAYBE TO GO BACK AND
16 FRAME THIS BASED ON THE HISTORY OF CIRM. AND,
17 JAMES, PLEASE CORRECT ME OR ANYONE, MARIA. REALLY
18 THE VITAL RESEARCH OPPORTUNITIES WERE USED PERHAPS
19 TWICE IN THE ENTIRE HISTORY OF CIRM AND CERTAINLY
20 WERE MEANT TO BE EXCEPTIONS THAT WERE BASED ON
21 REALLY EXTRAORDINARY NEW THINGS, NOT JUST, OH, YEAH,
22 THERE'S SOMETHING ELSE WE CAN DO. SO THAT WOULD BE
23 NO. 1.

24 NO. 2, THE VITAL RESEARCH OPPORTUNITIES,
25 AS JAMES ALREADY EXPLAINED, WERE PREDETERMINED BY

BETH C. DRAIN, CA CSR NO. 7152

1 THE BOARD. IN OTHER WORDS, THEY NEVER GOT TO THE
2 STAGE OF BEING REFERRED TO THE GRANTS WORKING GROUP
3 UNLESS THE BOARD HAD ALREADY IDENTIFIED THAT AREA AS
4 BEING ONE OF VITAL RESEARCH OPPORTUNITY. AGAIN,
5 VITAL AND OPPORTUNITY THERE, I THINK, ARE THE TWO
6 WORDS THAT THE BOARD USED HISTORICALLY TO CONSIDER
7 THE EXCEPTIONS THAT WERE GRANTED. AGAIN, I'M JUST
8 CURIOUS HOW MANY.

9 THE THIRD THING, I GUESS TO SAY, IS JUST
10 TO POINT OUT THAT ACTUALLY, AS I UNDERSTAND IT, AND
11 AGAIN, PLEASE CORRECT ME, JAMES, IF I'M WRONG, PROP
12 14 REALLY DOESN'T USE THE WORD "GENETIC RESEARCH" AS
13 MUCH AS IT DOES THE WORD "GENE THERAPY." MEANING
14 NOT JUST EVERYTHING RELATED TO IMPACT OF GENES ON
15 WHATEVER, BUT REALLY APPROACHES THAT INVOLVE THERAPY
16 MODIFICATION. SO THOSE ARE THREE COMMENTS. AND I'M
17 REALLY ASKING SORT OF FOR EXPANSION ON THOSE BY
18 JAMES FIRST IN TERMS OF THE PROP LANGUAGE AND MAYBE
19 MARIA AND OTHERS IN TERMS OF KIND OF THE WAY WE HAVE
20 THOUGHT ABOUT VITAL RESEARCH OPPORTUNITIES IN THE
21 PAST. THANK YOU.

22 CHAIRMAN THOMAS: JAMES, DO YOU WANT TO
23 START THERE?

24 MR. HARRISON: SURE. FIRST, WITH RESPECT
25 TO OS' LAST POINT, PROP 14 USES THE TERM "GENETIC

BETH C. DRAIN, CA CSR NO. 7152

1 RESEARCH," BUT I THINK IN CONTEXT OS IS CORRECT
2 ABOUT WHAT WAS INTENDED. HOWEVER, THE TERM DOES
3 AFFORD THE BOARD SOME FLEXIBILITY TO DEFINE WHAT
4 THAT MEANS.

5 WITH RESPECT TO DR. YAMAMOTO'S QUESTION,
6 ELIGIBILITY IS DEFINED BY THE BOARD IN ITS APPROVAL
7 OF CONCEPT PLANS AND IS INCLUDED IN THE TERMS OF
8 EACH PROGRAM ANNOUNCEMENT. SO THE BOARD DID TAKE
9 ACTION TO APPROVE AMENDMENTS TO THE CONCEPT PLANS TO
10 INCLUDE GENE THERAPY AS DEFINED, AND SO LIMITED
11 ELIGIBILITY IN THAT WAY. SO THE GATE IS NOT OPEN TO
12 ANY NEW APPLICATION FOR GENETIC RESEARCH BEYOND WHAT
13 THE BOARD HAS AUTHORIZED THROUGH ITS APPROVAL OF THE
14 CONCEPT PLANS.

15 DR. MILLAN: JUST TO RESPOND TO THE
16 NUMBERS, THERE WERE TWO INSTANCES OF VRO'S. ONE WAS
17 FOR GENE THERAPY AND THE OTHER WAS IN THE CONTEXT OF
18 THE EMERGENCY COVID FUNDING OPPORTUNITY FOR
19 CONVALESCENT PLASMA RESEARCH.

20 CHAIRMAN THOMAS: I THINK THE GENERAL
21 ANSWER TO EVERYBODY'S QUESTION IS THE BOARD WILL
22 HAVE CONSIDERABLE MORE DISCUSSION ON THIS AND REFINE
23 WHAT QUALIFIES IN THE VRO CATEGORY. AND, MOST
24 DEFINITELY, WE ARE NOT LOOKING TO OPEN UP FLOODGATES
25 IN A GENERAL FASHION TO THINGS THAT ARE SORT OF

BETH C. DRAIN, CA CSR NO. 7152

1 BEYOND THE PURVIEW OF THE MISSION. SO APPRECIATE
2 EVERYBODY'S COMMENTS ON ALL OF THAT.

3 ANY OTHER COMMENTS BY MEMBERS OF THE
4 BOARD? OKAY. JAMES, NEXT PAGE PLEASE.

5 MR. HARRISON: AS I MENTIONED AT THE
6 OUTSET, ONE OF THE NEW FEATURES OF PROP 14 THAT
7 DISTINGUISHES IT FROM PROP 71 IS THAT PROP 14
8 SPECIFICALLY EARMARKS \$1.5 BILLION OF THE 5.5
9 BILLION FOR THE PURPOSES OF SUPPORTING RESEARCH
10 INVOLVING DISEASES AND CONDITIONS OF THE BRAIN AND
11 CENTRAL NERVOUS SYSTEM. THE MEASURE DOES OFFER
12 EXAMPLES OF THE TYPES OF DISEASES AND CONDITIONS
13 THAT IT MEANS TO INCLUDE, AND THOSE ARE IDENTIFIED
14 ON THE SLIDE, SO I WON'T REPEAT THEM.

15 AS WITH THE OTHER AREAS OF RESEARCH, THE
16 LANGUAGE OF THE STATUTE MAKES CLEAR DISEASES AND
17 CONDITIONS OF THE BRAIN AND CENTRAL NERVOUS SYSTEM
18 ACROSS THE RESEARCH SPECTRUM FROM BASIC RESEARCH TO
19 THERAPY DEVELOPMENT AND THERAPY DELIVERY. THE
20 MEASURE ALSO MAKES CLEAR THAT THAT 1.5 BILLION IS
21 INCLUSIVE OF THE PRO RATA SHARE OF THE COSTS OF
22 OVERSIGHT AND GENERAL ADMINISTRATION NEEDED TO
23 SUPPORT THE MAKING OF THOSE AWARDS. I BELIEVE THE
24 CHAIR --

25 CHAIRMAN THOMAS: THANK YOU, JAMES. I

BETH C. DRAIN, CA CSR NO. 7152

1 WOULD NOTE ON THIS POINT THAT, DR. MILLAN, CORRECT
2 ME IF I'M WRONG, BUT THE 1.5 FROM A RATIO STANDPOINT
3 TO 5.5 IS NOT TERRIBLY DISSIMILAR FROM THE AMOUNT OF
4 GRANTS, THE PERCENTAGE OF GRANTS WE GAVE TO
5 NEURO-RELATED PROJECTS UNDER PROP 71. IS THAT
6 ROUGHLY ACCURATE?

7 DR. MILLAN: I THINK GENERALLY SPEAKING.
8 AND WE ACTUALLY IN THE UPCOMING PRESENTATIONS WILL
9 HAVE A REVIEW OF THE CNS PORTFOLIO. SO WE'LL HAVE A
10 CHANCE TO LOOK AT THE ACTUAL NUMBERS SHORTLY.

11 CHAIRMAN THOMAS: THANK YOU. OKAY. ARE
12 THERE COMMENTS ON THIS PARTICULAR SLIDE BY MEMBERS
13 OF THE BOARD?

14 DR. BRASHEAR: AS A NEUROLOGIST, I AM
15 REALLY HEARTENED TO SEE THIS. SO MANY OF THESE
16 DISEASES ARE IN OUR UNDERSERVED COMMUNITIES THAT
17 DON'T HAVE ACCESS. SO THIS IS SOMETHING THAT I
18 THINK THERE WILL BE LOTS OF EXCITEMENT ABOUT.

19 CHAIRMAN THOMAS: THANK YOU. OTHER
20 COMMENTS BY MEMBERS OF THE BOARD?

21 MS. MILLER-ROGEN: I WAS JUST GOING TO
22 COMMENT. I DON'T KNOW IF EVERYONE IS AWARE OF THE
23 ALZHEIMER'S TASK FORCE IN CALIFORNIA AND THE WORK
24 THAT WE'VE PUT IN AND THE GOVERNMENT ALLOCATED A LOT
25 OF MONEY IN THE BUDGET TOWARDS DIFFERENT THINGS TO

BETH C. DRAIN, CA CSR NO. 7152

1 AID IN THE PROGRESS OF ALZHEIMER'S IN OUR STATE.
2 AND PERHAPS, AS THAT GETS MORE SOLIDIFIED, THERE, OF
3 COURSE, PERHAPS MAY BE SOME CROSSOVER AND WORK THAT
4 CAN BE DONE TOGETHER. INSTEAD OF PARALLEL, IT CAN
5 BE DONE SIMULTANEOUSLY. SO I JUST WANTED TO BRING
6 THAT UP AS THINGS COME TOGETHER.

7 CHAIRMAN THOMAS: THANK YOU VERY MUCH.
8 OTHER COMMENTS BY MEMBERS OF THE BOARD?

9 DR. SANDMEYER: I WOULD JUST ADD THE
10 COMMENT THAT WE SHOULD KEEP IN MIND THAT SOME OF THE
11 TYPES OF EXPERIMENTS THAT ARE DONE IN THIS FIELD
12 REQUIRE LONGER TIME TO COME TO FRUITION. AND SO I'M
13 NOT SURE HOW THAT FACTORS IN, BUT JUST TO KEEP THAT
14 IN MIND.

15 CHAIRMAN THOMAS: YES. THANK YOU. AND AS
16 WE KNOW, A NUMBER OF THESE DISEASES HAVE TO DATE
17 BEEN AMONGST THE MOST CHALLENGING TO TACKLE. AND
18 THAT GETS TO, DR. SANDMEYER, YOUR POINT, BUT IT ALSO
19 GETS TO THE ACUTE NEED TO DEVELOP NEW THERAPIES AND
20 CURES, WHICH IS WHY THE BILLION FIVE WAS
21 SPECIFICALLY EARMARKED FOR THIS PARTICULAR CATEGORY
22 OF DISEASES AND CONDITIONS.

23 OTHER COMMENTS BY MEMBERS OF THE BOARD?
24 HEARING NONE, JAMES, NEXT PAGE PLEASE.

25 MR. HARRISON: NOW I'LL MOVE INTO SOME

BETH C. DRAIN, CA CSR NO. 7152

1 MORE MUNDANE TOPICS, INCLUDING ADMINISTRATION AND
2 GOVERNANCE. PROP 14 EXPANDS THE SIZE OF THE BOARD
3 FROM 29 MEMBERS TO 35 MEMBERS. SO YOU WILL BE
4 JOINED BY NEW COLLEAGUES, INCLUDING DR. DEAS, WHO IS
5 NOW THE UC RIVERSIDE APPOINTEE, AS WELL AS A NEW
6 APPOINTEE FROM UCSF FRESNO/CLOVIS CAMPUS, TWO NURSES
7 WITH CLINICAL TRIAL AND/OR STEM CELL OR GENETIC
8 DELIVERY EXPERIENCE, AND TWO PATIENT ADVOCATES FOR
9 MENTAL HEALTH CONDITIONS UNDERLYING IN PART THE NEW
10 FOCUS ON DISEASES AND CONDITIONS OF THE BRAIN AND
11 CENTRAL NERVOUS SYSTEM.

12 TWO OTHER CHANGES OF NOTE, ONE OF WHICH
13 WILL ONLY LAST FOR A SHORT PERIOD OF TIME. PROP 14
14 AUTHORIZED THE APPOINTING AUTHORITIES TO REPLACE
15 MEMBERS WHO HAVE SERVED AT LEAST ONE-HALF OF THEIR
16 TERM IF THEY DO SO BY MARCH 16TH. THE CHAIR AND THE
17 VICE CHAIR ARE EXCLUDED FROM THIS. AND THIS WAS
18 REALLY INTENDED JUST AS AN OPPORTUNITY PARTICULARLY
19 FOR APPOINTING AUTHORITIES WHO MIGHT BE NEW TO THEIR
20 POSITIONS IF THEY SO DESIRE TO APPOINT THEIR OWN
21 MEMBERS TO REPLACE A MEMBER WHO'S SERVED AT LEAST
22 HALF OF HIS OR HER TERM.

23 FINALLY, PROP 14 INCLUDES A NEW MECHANISM
24 FOR THE BOARD TO INITIATE AN ACTION TO HAVE A MEMBER
25 REMOVED. IT PROVIDES THAT THE BOARD BY A 60-PERCENT

BETH C. DRAIN, CA CSR NO. 7152

1 VOTE RECOMMEND TO THE APPOINTING AUTHORITY THAT THE
2 APPOINTING AUTHORITY REMOVED A MEMBER FROM SERVICE.

3 J.T., BACK TO YOU.

4 CHAIRMAN THOMAS: THANK YOU. ANY COMMENTS
5 ON THIS PAGE BY MEMBERS OF THE BOARD?

6 MR. TORRES: I JUST WANTED TO SAY, MR.
7 CHAIRMAN, THAT THE NEW APPOINTMENTS THAT JAMES
8 REFERENCED GO BACK TO WHAT WE HAD A DISCUSSION
9 EARLIER, AND THAT IS REGIONAL APPOINTMENTS THAT
10 REFLECT PARTS OF CALIFORNIA THAT WERE NOT PREVIOUSLY
11 REPRESENTED ON OUR BOARD. I'M SO PROUD THAT THE
12 DEAN AT RIVERSIDE, WHO IS WITH US, AND ALSO THAT WE
13 INCLUDE ANOTHER REPRESENTATIVE FROM THE INLAND
14 EMPIRE, AS WELL AS FROM THE FRESNO/CLOVIS AREA WHERE
15 WE HAVE, OTHER THAN OUR GREAT MEMBER, ADRIANA
16 PADILLA, THIS WILL INCREASE THAT REPRESENTATION FROM
17 RURAL CALIFORNIA FAR TOO OFTEN IGNORED BY OUR
18 POLICYMAKERS ON THE STATE LEGISLATIVE LEVEL AND
19 CLEARLY IN TERMS OF HEALTH ACCESSIBILITY. SO I WANT
20 TO SAY THAT'S A VERY, VERY IMPORTANT STEP THAT WE
21 ARE TAKING FORWARD TO REACH OUT TO UNDERSERVED
22 COMMUNITIES.

23 MR. ROWLETT: MR. CHAIRMAN, THIS IS AL
24 ROWLETT. TO MEMBERS OF THE BOARD, I WANTED TO
25 ACKNOWLEDGE THAT I'VE BEEN INVOLVED IN MAKING

BETH C. DRAIN, CA CSR NO. 7152

1 RECOMMENDATIONS TO THE CHAIR AND TO THE VICE CHAIR
2 REGARDING PATIENT ADVOCATE MEMBERS REPRESENTING THE
3 BEHAVIORAL HEALTH OR IN THIS CASE MENTAL HEALTH
4 COMMUNITY. AGAIN, IN KEEPING WITH EVERYTHING THAT
5 THE VICE CHAIR, SENATOR TORRES, SAID REGARDING
6 REFLECTING THE UNIQUE DIVERSITY AND THE WONDERFUL
7 ATTRIBUTES OF OUR STATE, AND SO WILL CONTINUE TO
8 MAKE THOSE RECOMMENDATIONS. AND CERTAINLY I WANT TO
9 ACKNOWLEDGE THAT I'VE BEEN SOLICITED TO DO SO BY
10 BOTH THE CHAIR AND THE VICE CHAIR.

11 MR. TORRES: THANK YOU, AL.

12 CHAIRMAN THOMAS: THANK YOU, MR. ROWLETT.
13 YOU'VE BEEN, AS ALWAYS, EXTREMELY HELPFUL. VERY
14 MUCH APPRECIATE YOUR INPUT.

15 COMMENTS BY OTHER MEMBERS OF THE BOARD?

16 MR. TORRES: JUST TO LET AL KNOW THAT I
17 SENT HIS RECOMMENDATION TO THE LIEUTENANT GOVERNOR
18 AND TALKED ABOUT IT. SO SHE'S REVIEWING A NUMBER OF
19 OTHER APPLICATIONS THAT'S BEFORE HER, BUT CERTAINLY
20 THAT ONE HAS BEEN REFERRED TO HER, AL.

21 CHAIRMAN THOMAS: OTHER COMMENTS? OKAY.
22 JAMES, NEXT PAGE PLEASE.

23 MR. HARRISON: PROP 14 ALSO MAKES SOME
24 CHANGES TO GOVERNANCE AND ADMINISTRATION. YOU WILL
25 BE SURPRISED TO LEARN IT INCREASES THE NUMBER OF

BETH C. DRAIN, CA CSR NO. 7152

1 TIMES YOU'RE REQUIRED TO MEET EACH YEAR FROM TWO TO
2 FOUR. THOUGH GIVEN THE WORKLOAD, I DON'T THINK
3 MEETING THAT TARGET WILL BE A PROBLEM.

4 PROP 71 HAD IMPOSED A CAP OF 50 EMPLOYEES,
5 WHICH WAS SUBSEQUENTLY ELIMINATED BY THE
6 LEGISLATURE. PROP 14 REIMPOSES A CAP, AT THIS TIME
7 70 EMPLOYEES, AND THAT DOES NOT INCLUDE AN
8 ADDITIONAL UP TO 15 EMPLOYEES TO SUPPORT THE WORK OF
9 THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP.

10 AND AS I MENTIONED PREVIOUSLY, IT
11 AUTHORIZES THE CHAIR AND THE PRESIDENT TO ESTABLISH
12 ADVISORY TASK FORCES, AND IT REQUIRES THE BOARD TO
13 DEVELOP AND IMPLEMENT ACCESS AND AFFORDABILITY
14 POLICIES AND PROGRAMS BASED ON THE RECOMMENDATIONS
15 MADE BY THE AAWG.

16 ONE OTHER SIGNIFICANT CHANGE, GIVEN THE
17 DEMANDS ON PATIENT ADVOCATES AS WELL AS THE NURSE
18 MEMBERS OF THE BOARD TO SERVE ON THE NOW FOUR
19 WORKING GROUPS OF CIRM, PROP 14 PROVIDES FOR PATIENT
20 ADVOCATES TO BE COMPENSATED BASED ON A DAILY
21 CONSULTING RATE ESTABLISHED BY THE BOARD RATHER THAN
22 THE STATE PER DIEM.

23 CHAIRMAN THOMAS: THANK YOU, JAMES.
24 COMMENTS BY MEMBERS OF THE BOARD ON THIS PAGE?
25 OKAY. HEARING NONE, JAMES, NEXT PAGE PLEASE.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. HARRISON: I WILL CONTINUE WITH SOME
2 OF THE MORE DRY MATERIAL. PROP 14 DOES MAKE SOME
3 CHANGES TO REVIEW. CURRENTLY OR RATHER THAN UNDER
4 PREEXISTING LAW, MEMBERS OF THE WORKING GROUPS WERE
5 LIMITED TO TWO CONSECUTIVE TERMS. THE NEW LAW
6 AUTHORIZES THE BOARD, BY A TWO-THIRDS VOTE, TO
7 APPOINT A MEMBER TO SERVE BEYOND TWO CONSECUTIVE
8 TERMS.

9 CIRM HAS HAD A HISTORY OF USING AD HOC
10 MEMBERS TO PROVIDE PARTICULAR EXPERTISE IN CERTAIN
11 REVIEW. BUT UNDER PROP 71 THOSE MEMBERS WERE NOT
12 ALLOWED TO SCORE OR VOTE ON APPLICATIONS FOR
13 FUNDING. PROP 14 MODIFIES THAT TO ALLOW THE
14 APPOINTMENT OF AD HOC MEMBERS TO SERVE ON A WORKING
15 GROUP AND TO VOTE PROVIDED THAT THEIR NUMBER DOES
16 NOT EXCEED THREE OUT OF THE 15 SCIENTIFIC MEMBERS
17 FOR ANY ONE PEER REVIEW PANEL.

18 IMPORTANTLY, GIVEN THE POTENTIAL FOR
19 EXPANDED RESEARCH OPPORTUNITIES, PROP 14 EXPANDS THE
20 EXPERTISE OF MEMBERS OF THE GWG TO INCLUDE VITAL
21 RESEARCH OPPORTUNITIES. SO, FOR EXAMPLE, IF THE
22 BOARD WERE TO DETERMINE THAT A SPECIFIC OPPORTUNITY
23 CONSTITUTED A VITAL RESEARCH OPPORTUNITY, THEN CIRM
24 WOULD HAVE THE AUTHORITY TO APPOINT MEMBERS WHO HAVE
25 THAT EXPERTISE TO THE GRANTS WORKING GROUP.

BETH C. DRAIN, CA CSR NO. 7152

1 UNDER PROP 71, MEMBERS OF THE WORKING
2 GROUP COULD JOIN TOGETHER IN A MINORITY REPORT, BUT
3 IT WAS NOT REQUIRED. PROP 14 MAKES MINORITY REPORTS
4 AUTOMATIC WHEN AT LEAST 35 PERCENT OF THE MEMBERS
5 SCORED AN APPLICATION IN FUNDING RANGE. AND THE
6 MINORITY REPORT IS REQUIRED TO SUMMARIZE THE
7 STRENGTHS AND WEAKNESSES OF THE APPLICATION IN ORDER
8 TO GIVE THE BOARD ADDITIONAL INFORMATION TO GUIDE
9 ITS DECISION-MAKING. AS I MENTIONED EARLIER, THE
10 NEW NURSE MEMBERS OF THE BOARD ARE ELIGIBLE TO BE
11 APPOINTED TO THE WORKING GROUPS IN ADDITION TO THE
12 PATIENT ADVOCATES. J.T.

13 CHAIRMAN THOMAS: THANK YOU, JAMES.
14 COMMENTS BY MEMBERS OF THE BOARD ON THIS PAGE?
15 HEARING NONE, JAMES.

16 MS. DURON: SORRY, J.T. WITHOUT LOOKING
17 AT THE GUTS OF WHO SPECIFICALLY ARE BEING BROUGHT
18 ABOARD AND A HOPE TO EXPAND THE VOICES OF SOME OF
19 OUR LESS REPRESENTED COMMUNITY, ONE OF THE THINGS
20 THAT I WOULD ADVOCATE FOR WITH WHOEVER IS THE
21 LEADERSHIP ON THESE DIFFERENT COMMITTEES, ET CETERA,
22 ET CETERA, AS I'M STILL GETTING MY BRAIN AROUND ALL
23 OF THEM, IS THAT IF YOU REACH OUT TO COMMUNITY-BASED
24 ORGANIZATIONS AND BRING SOME OF THEIR LEADERSHIP
25 ABOARD BECAUSE THEY DO REFLECT THE VOICES OF THOSE

BETH C. DRAIN, CA CSR NO. 7152

1 UNDERSERVED OFTENTIMES COMMUNITIES THAT AREN'T
2 OVERLY REPRESENTED. BUT I ALSO WOULD ENCOURAGE SOME
3 KINDS OF OPPORTUNITIES TO MAKE SURE THAT THESE
4 PARTICULAR MEMBERS SUCCEED AS PART OF THESE
5 COMMITTEES, AS PART OF THESE ADVISORY GROUPS.

6 ONE OF THE REASONS WHY I THINK WE DON'T
7 HAVE ENOUGH COMMUNITY REPRESENTATIVES WHO CAN GROW
8 THEIR CAPACITY TO BECOME PERHAPS A BOARD MEMBER AT
9 SOME POINT IN TIME IS BECAUSE THEY'RE NOT GIVEN
10 ENOUGH SUPPORT WHEN THEY JOIN AND THEN THEY AREN'T
11 SURE HOW THEY CAN USE THEIR VOICE, THEY'RE NOT SURE
12 WHAT TO SAY AND WHEN TO SAY. I THINK IT'S REALLY
13 IMPORTANT TO HELP BUILD THAT MUSCLE OUT THERE IN THE
14 COMMUNITY FOR JOINING ORGANIZATIONS LIKE THIS, FOR
15 JOINING COMMITTEES LIKE THIS. SO I'LL PUT THIS ON
16 ART'S TABLE, THAT WE REALLY CONSIDER, WHEN WE ARE
17 BRINGING -- THAT WE BRING COMMUNITY MEMBERS ABOARD
18 AND THAT WE DO EVERYTHING IN OUR POWER TO ASSURE
19 THAT THEY FEEL COMFORTABLE AT THE TABLE, THEY FEEL
20 THAT THEIR VOICES ARE HEARD, THAT THEY HAVE THE
21 SUPPORT OF THE LEADERSHIP SO THAT THEY STAY AND THEY
22 GROW AND FEEL THAT THEY CAN BE VERY PRODUCTIVE
23 REPRESENTATIVES OF THEIR COMMUNITIES.

24 MR. TORRES: HAVING BEEN A LATINO ALL OF
25 MY LIFE, I AM SURE I'LL BE SENSITIVE TO THAT.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN THOMAS: THANK YOU. COMMENTS
2 FROM OTHER MEMBERS OF THE BOARD?

3 MR. ROWLETT: THIS IS A MINOR POINT, BUT I
4 THINK IT ENDORSES WHAT MS. DURON HAS SAID REGARDING
5 BOARD ORIENTATION. AS THE CHIEF EXECUTIVE OFFICER
6 OF A COMMUNITY-BASED ORGANIZATION, YOU AND I HAVE
7 HAD A NUMBER OF CONVERSATIONS ABOUT MY ORIENTATION
8 EXPERIENCE. AND SO AS WE MAKE THAT PROCESS MORE
9 ROBUST, I THINK THAT WE DO A LOT TO ADVANCE, NOT
10 JUST FOR INDIVIDUALS LIKE MYSELF WHO HAVE THE UNIQUE
11 PRIVILEGE OF BEING IN LEADERSHIP IN COMMUNITY-BASED
12 ORGANIZATIONS AND REPRESENTING A COMMUNITY THAT IS
13 OFTEN UNSERVED AND UNDERSERVED, BUT ALSO EVEN FOR
14 THOSE WHO DO HAVE A LOT OF EXPERIENCE ON BOARDS LIKE
15 THIS, A MORE ROBUST BOARD ORIENTATION PROCESS IS
16 ALWAYS BENEFICIAL.

17 CHAIRMAN THOMAS: POINT WELL TAKEN. THANK
18 YOU, MR. ROWLETT. OTHER COMMENTS BY MEMBERS OF THE
19 BOARD? JAMES, NEXT PAGE PLEASE.

20 MR. HARRISON: IN RECOGNITION OF THE FACT
21 THAT ORGANIZATIONS CAN SOMETIMES ADOPT RULES AND
22 STANDARDS THAT BECOME STALE OVER TIME, PROP 14
23 REQUIRES THE BOARD EVERY FOUR YEARS TO REVIEW AND
24 UPDATE ITS STANDARDS RELATING TO CONFLICTS OF
25 INTEREST IN THE REVIEW OF APPLICATION FOR FUNDING,

BETH C. DRAIN, CA CSR NO. 7152

1 OTHER CONFLICT POLICIES, STANDARDS THAT THE BOARD
2 HAS ADOPTED FOR THE CONDUCT OF ETHICAL RESEARCH, AND
3 STANDARDS FOR INDEPENDENT AUDITS.

4 THE MEASURE DIRECTS THE BOARD TO, AT ITS
5 DISCRETION, CONSULT WITH THE NATIONAL ACADEMY OF
6 SCIENCES, AND TO THE EXTENT IT'S CONSISTENT WITH
7 STATE LAW, TO ALIGN CIRM'S STANDARDS WITH THOSE
8 RECOMMENDED BY THE NATIONAL ACADEMY OF SCIENCES.

9 IT ALSO EXPANDS THE SCOPE OF PATIENT
10 REIMBURSABLE EXPENSES TO INCLUDE, NOT JUST TRAVEL
11 AND LODGING AND MEALS FOR THE PATIENTS THEMSELVES,
12 BUT FOR THEIR CAREGIVERS AS WELL IN RECOGNITION,
13 PARTICULARLY IN OUR CURRENT CIRCUMSTANCES, THAT
14 PATIENTS MAY HAVE TO TRAVEL SOME DISTANCE IN ORDER
15 TO PARTICIPATE IN CLINICAL TRIALS, AND THAT THEIR
16 CAREGIVERS SHOULD ALSO BE ENTITLED TO REIMBURSEMENT
17 TO SUPPORT THE PATIENTS IN THOSE EFFORTS.

18 AND THEN, FINALLY, TO THE DISCUSSION
19 EARLIER, THE BOARD IS REQUIRED TO ADOPT STANDARDS
20 GOVERNING GENETIC RESEARCH. AND, AGAIN, THESE ARE
21 GENERALLY TO BE BASED ON STANDARDS ADOPTED BY THE
22 NATIONAL ACADEMY OF SCIENCES. J.T.

23 CHAIRMAN THOMAS: THANK YOU, JAMES.
24 COMMENTS ON THIS PAGE FROM MEMBERS OF THE BOARD?

25 MR. TORRES: YES, MR. CHAIRMAN. THE

BETH C. DRAIN, CA CSR NO. 7152

1 LANGUAGE ESPECIALLY IN RESPECT TO PATIENT EXPENSES
2 IS SOMETHING THAT I REALLY SUPPORTED AS WE WERE
3 DRAFTING THIS INITIATIVE. AND IT COMES FROM MY
4 EXPERIENCE AS THE VICE CHAIR OF ONE LEGACY, WHICH IS
5 PROBABLY ONE OF THE LARGEST ORGAN TRANSPLANT
6 FOUNDATIONS IN THE U.S. AND ARE HEADQUARTERED IN LOS
7 ANGELES. WE FUNDED A FOUNDATION THAT HELPS
8 REIMBURSE PATIENTS TO COME TO LOS ANGELES OR TO COME
9 TO OTHER REGIONAL CENTERS WHERE WE PROVIDE ORGAN
10 TRANSPLANTS BECAUSE LITERALLY THEY CAN'T AFFORD, AND
11 YET THEY NEED AN ORGAN. AND THEY'RE ON THE LIST AND
12 THEY'VE BEEN GRANTED PRIORITY ON THE LIST. ONCE
13 THEY REALIZE WHAT'S AT STAKE, A LOT OF THEM CAN'T
14 AFFORD TO TRAVEL THE DISTANCE. AND WHAT WE NEED TO
15 ALSO KEEP IN AS MANY CANCER PATIENTS AND OTHER
16 PATIENTS AS WELL HAVE CAREGIVERS WHO ARE IMPORTANT
17 TO THEIR CONTINUED WELL-BEING. AND THOSE EXPENSES
18 OUGHT TO BE REIMBURSED AS WELL.

19 AGAIN, ONCE WE BEGIN EXPANDING WITH THE
20 COMMUNITY CARE CLINICS THAT WE TALKED ABOUT EARLIER
21 AND BEFORE THAT HAPPENS, AS JAMES HAS INDICATED SO
22 WELL, WE'RE GOING TO HAVE TO HAVE PATIENTS TO COME
23 TO OTHER PARTS OF THE STATE WHERE THEY MIGHT NOT
24 LIVE, BUT MAY NEED A HOTEL, MAY NEED TO BRING THEIR
25 CAREGIVERS WITH THEM, AND WE OUGHT TO BE SENSITIVE

BETH C. DRAIN, CA CSR NO. 7152

1 TO REIMBURSING THEM FOR THOSE TO MAKE IT EASY AS
2 POSSIBLE TO HAVE ACCESS TO OUR TREATMENTS.

3 CHAIRMAN THOMAS: THANK YOU, SENATOR
4 TORRES. OTHER COMMENTS?

5 DR. VUORI: THIS IS KRISTINA. I'M NOT
6 SURE IF THIS IS THE RIGHT TOPIC TO ASK THIS
7 QUESTION, BUT I'M JUST CURIOUS. ON THE TOPIC, ON
8 THE FEDERAL GRANTING SIDE, GRANTING AGENCIES SUCH AS
9 NIH HAVE STRUGGLED WITH THE TOPIC OF POTENTIALLY
10 FOREIGN ESPIONAGE IN R&D IN THIS COUNTRY. AND
11 RECENTLY SOME GUIDELINES HAVE BEEN ISSUED HOW
12 FEDERAL RESEARCH INSTITUTIONS AND FEDERAL AGENCIES
13 NEED TO BETTER PROTECT THE RESEARCH THAT'S CARRIED
14 OUT IN THESE ORGANIZATIONS BY FEDERAL FUNDING
15 AGAINST POTENTIALLY FOREIGN INFLUENCE AND ADVANTAGE
16 THAT THEY MIGHT BE MAKING. IS THIS SOMETHING THAT
17 CIRM ALSO NEEDS TO PAY ATTENTION TO?

18 CHAIRMAN THOMAS: THAT'S AN EXCELLENT
19 QUESTION. JAMES, I THINK I SAW YOU SHAKING YOUR
20 HEAD IN AGREEMENT WHILE DR. VOURI WAS MAKING THAT
21 COMMENT. DO YOU HAVE ANY THOUGHTS ON THAT QUESTION?

22 MR. HARRISON: YEAH. I THINK THAT WOULD
23 BE IMPORTANT FOR CIRM TO CONSIDER AND CERTAINLY
24 WITHIN THE SCOPE OF STANDARDS THAT IT'S REQUIRED TO
25 ADOPT.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. VUORI: THANK YOU.

2 CHAIRMAN THOMAS: VERY IMPORTANT. THANK
3 YOU VERY MUCH. OTHER COMMENTS FROM MEMBERS OF THE
4 BOARD? OKAY.

5 DR. SANDMEYER: SHOULD THERE BE LINKS TO
6 THOSE RELEVANT WEBSITES ON OUR WEBSITE TO MAKE IT
7 MORE SPECIFIC OR IS THAT TOO CONFINING?

8 CHAIRMAN THOMAS: JAMES.

9 MR. HARRISON: WELL, WE CERTAINLY COULD
10 INCLUDE LINKS. ONE OF THE CHALLENGES IS THAT BOTH
11 THE NATIONAL ACADEMY OF SCIENCES AS WELL AS NIH HAVE
12 A VARIETY OF DIFFERENT CONFLICT OF INTEREST POLICIES
13 THAT APPLY TO DIFFERENT CIRCUMSTANCES. SO EMPLOYEES
14 VERSUS REVIEWERS VERSUS STUDY GROUPS. SO IT CAN
15 SOMETIMES BE A LITTLE BIT CONFUSING TO NAVIGATE
16 THROUGH THOSE VARIOUS POLICIES TO DETERMINE WHICH
17 ONES ARE RELEVANT AND APPLICABLE FOR CIRM'S
18 PURPOSES. BUT CERTAINLY NO DOWNSIDE IN INCLUDING A
19 LINK GENERALLY TO THOSE CONFLICT POLICIES AS LONG AS
20 WE ARE CLEAR THAT THERE MAY BE SOME MORE RELEVANT
21 THAN OTHERS FOR CIRM'S PURPOSES.

22 DR. SANDMEYER: THIS MIGHT BE GOOD IF AN
23 EXPERT DID THAT NAVIGATION AS OPPOSED TO ROGUE
24 EXPERTS.

25 MR. HARRISON: A FAIR POINT.

BETH C. DRAIN, CA CSR NO. 7152

1 CHAIRMAN THOMAS: THANK YOU. DEFINITELY
2 LOOK INTO THAT QUESTION IN MUCH MORE DETAIL. OTHER
3 COMMENTS FROM MEMBERS OF THE BOARD? OKAY. JAMES.

4 MR. HARRISON: WE'RE MAKING PROGRESS.
5 WE'RE ALMOST AT THE END.

6 LET'S TALK ABOUT THE FUNDING ALLOCATION.
7 SO OF THE \$5.5 BILLION, 95.5 PERCENT IS ALLOCATED
8 FOR GRANTS AND GRANT ADMINISTRATION, 3.5 PERCENT IS
9 EARMARKED FOR GENERAL ADMINISTRATION, AND 1.5
10 PERCENT IS EARMARKED FOR THE COSTS OF THE
11 ACCESSIBILITY AND AFFORDABILITY TEAM, UP TO 15
12 EMPLOYEES WHO WOULD SUPPORT THOSE EFFORTS.

13 OF THE FUNDS THAT ARE AVAILABLE FOR GRANTS
14 AND GRANT ADMINISTRATION, ONCE YOU CONDUCT ALL THE
15 CALCULATIONS, WHAT IT AMOUNTS TO IS THAT NO LESS
16 THAN \$4,707,283 IS AVAILABLE FOR RESEARCH GRANTS.
17 UP TO APPROXIMATELY 96 MILLION IS AVAILABLE FOR
18 ACCESSIBILITY AND AFFORDABILITY RESEARCH CONSULTING
19 GRANTS, WHICH I REFERENCED EARLIER. UP TO
20 78,112,500 IS FOR AVAILABLE FOR COMMUNITY CARE
21 CENTERS OF EXCELLENCE FACILITIES. SO THIS IS
22 FUNDING THAT WOULD BE AVAILABLE TO CONSTRUCT AND
23 EQUIP AND OPERATE COMMUNITY CARE CENTERS OF
24 EXCELLENCE. AND UP TO \$26 MILLION IS AVAILABLE FOR
25 THE CONSTRUCTION AND EQUIPMENT OF SHARED LABS,

BETH C. DRAIN, CA CSR NO. 7152

1 INCLUDING THE SPECIALIZED EQUIPMENT NECESSARY. AND
2 UP TO 165 MILLION IS AVAILABLE FOR GRANTS
3 ADMINISTRATION. J.T.

4 CHAIRMAN THOMAS: THANK YOU. COMMENTS,
5 MEMBERS OF THE BOARD?

6 DR. VUORI: I DO HAVE A VERY QUICK
7 QUESTION. COULD YOU TELL ME AN EXAMPLE WHAT COSTS
8 BELONG TO GRANTS ADMINISTRATION CATEGORY AS OPPOSED
9 TO, FOR EXAMPLE, GENERAL ADMINISTRATION?

10 MR. HARRISON: YES. SO CIRM HAS DETAILED
11 FORMULAS TO ALLOCATE COSTS BETWEEN EMPLOYEES WHO ARE
12 INVOLVED IN GRANT REVIEW SPECIFICALLY AS OPPOSED TO
13 GENERAL ADMINISTRATIVE OVERHEAD. FOR EXAMPLE, A
14 PORTION OF THE PRESIDENT'S SALARY IS ALLOCATED TO
15 GRANT REVIEW AND A PORTION IS ALLOCATED TO GENERAL
16 ADMINISTRATION. AND THERE ARE MANY MORE DETAILS
17 THAT THE AGENCY'S CHIEF FINANCIAL OFFICER CAN
18 PROVIDE, BUT THEY'RE OUTSIDE OF MY EXPERTISE.

19 DR. VUORI: OKAY. GREAT. THANKS.

20 CHAIRMAN THOMAS: OTHER COMMENTS?

21 DR. SANDMEYER: JUST TO CLARIFY, THAT'S
22 ALL CENTRAL GRANT ADMINISTRATION; IS THAT RIGHT?

23 MR. HARRISON: YES.

24 CHAIRMAN THOMAS: OTHER COMMENTS? JAMES,
25 NEXT PAGE PLEASE.

BETH C. DRAIN, CA CSR NO. 7152

1 MR. HARRISON: I WON'T PAUSE LONG ON THIS
2 SLIDE. IF YOU WOULD LIKE TO LOOK AT IT MORE CLOSELY
3 ON YOUR OWN TIME, YOU ARE FREE TO DO SO. THE
4 ALLOCATION FORMULA IN PROP 14 IS RELATIVELY COMPLEX.
5 AND THIS SLIDE OUTLINES HOW WE ARRIVED AT THE
6 FIGURES ON THE PRECEDING SLIDE. J.T.

7 CHAIRMAN THOMAS: THANK YOU. ANYBODY HAVE
8 ANY COMMENTS ON THIS? CAN ANYBODY READ THIS? START
9 WITH THAT QUESTION. ANY COMMENTS?

10 MS. DURON: I THINK IT'S AN EYE CHART AND
11 I FAILED.

12 CHAIRMAN THOMAS: THANK YOU. OTHER
13 COMMENTS?

14 DR. VUORI: CLEAR AS MUD.

15 CHAIRMAN THOMAS: OKAY. HEARING NO
16 OTHERS, JAMES.

17 MR. HARRISON: SO THERE ARE SOME IMPORTANT
18 BOND ACT TERMS IN PROP 14 THAT I THINK ARE IMPORTANT
19 TO MENTION, PARTICULARLY GIVEN THE CURRENT SITUATION
20 WE FIND OURSELVES IN WITH A RECESSION AND A
21 PANDEMIC. ONE OF THE REALLY IMPORTANT FEATURES THAT
22 BOB KLEIN INCLUDED IN PROP 14 WAS A REQUIREMENT THAT
23 BOND PROCEEDS BE USED TO PAY CAPITALIZED INTEREST
24 FOR THE FIRST FIVE YEARS. WHAT THIS MEANS IS THAT
25 THERE WILL BE NO PAYMENTS FOR PROP 14 OUT OF THE

BETH C. DRAIN, CA CSR NO. 7152

1 GENERAL FUND UNTIL 2026 WHEN HOPEFULLY THE STATE
2 WILL BE IN A POSITION WHERE WE HAVE RECOVERED FROM
3 THE PANDEMIC AND THE RECESSION AND WE'LL BE BACK ON
4 A MORE SOLID ECONOMIC FOOTING.

5 IN THE MEANTIME THE STATE WILL EARN
6 REVENUES FROM THE RESEARCH CIRM FUNDS IN TERMS OF
7 THE TAX PROCEEDS TO THE GENERAL FUND. SO DURING
8 THIS PERIOD OF TIME, CIRM WILL HAVE A NET POSITIVE
9 IMPACT ON THE STATE GENERAL FUND, WHICH IS IMPORTANT
10 GIVEN THE CIRCUMSTANCES WE FIND OURSELVES IN.

11 ANOTHER KEY THING FOR BOARD MEMBERS TO
12 UNDERSTAND IS THAT THE ACT PROHIBITS MORE THAN \$540
13 MILLION IN BONDS FROM BEING ISSUED IN ANY ONE YEAR.
14 WHAT THAT MEANS AS A PRACTICAL MATTER IS THAT THE
15 BONDS WILL BE SOLD OVER A MINIMUM OF 11 YEARS, AND
16 IN ALL LIKELIHOOD OVER A LONGER PERIOD OF TIME GIVEN
17 THE FACT THAT CIRM AWARDS FUNDS ON A MULTIYEAR
18 CYCLE. SO IF YOU THINK OF A FOUR-YEAR GRANT MADE IN
19 YEAR 11, IT'S LIKELY THAT BONDS WILL BE ISSUED OVER
20 A PERIOD OF AT LEAST 15 YEARS TO FUND ALL OF THE
21 AWARDS MADE PURSUANT TO THE \$5.5 BILLION BOND
22 ALLOCATION.

23 ONE FINAL NOTE HERE. UNDER PROP 71 LOAN
24 PROCEEDS WERE RETURNED TO CIRM, BUT WERE LIMITED TO
25 BE USED FOR THE PURPOSES OF MAKING ADDITIONAL

BETH C. DRAIN, CA CSR NO. 7152

1 AWARDS. PROP 14 EXPANDS CIRM'S AUTHORITY TO USE
2 LOAN PROCEEDS FOR THE PURPOSES OF MAKING ADDITIONAL
3 AWARDS AS WELL AS FOR ADMINISTRATIVE COSTS.

4 CHAIRMAN THOMAS: COUPLE OF COMMENTS HERE.
5 FOR THOSE OF YOU WHO ARE NOT FAMILIAR WITH THE
6 FINANCIALLY ESOTERIC TERM "CAPITALIZED INTEREST,"
7 WHAT THAT SIMPLY MEANS IS THE AMOUNT OF THE DEBT
8 SERVICE FOR THE FIRST FIVE YEARS IS ACTUALLY ADDED
9 AS PART OF THE BOND ISSUE. SO YOU'RE PAYING FOR
10 DEBT SERVICE OUT OF BOND PROCEEDS ITSELF, WHICH IS
11 WHY THERE WILL BE NO PAYMENTS FROM THE GENERAL FUND
12 FOR THOSE FIRST FIVE YEARS.

13 SECOND POINT OF NOTE, AND, DR. MILLAN,
14 CORRECT ME IF I'M WRONG ON THIS, WHEN WE GET TO THIS
15 NOTION OF NO MORE THAN 540 MILLION IN BONDS
16 ANNUALLY, I THINK THE HIGHEST AMOUNT WE'VE ISSUED IN
17 ANY GIVEN YEAR IS 330, SOMETHING LIKE THAT. DOES
18 THAT SOUND ABOUT RIGHT?

19 DR. MILLAN: AROUND THE BALLPARK.

20 CHAIRMAN THOMAS: RIGHT. SO GETTING UP TO
21 540 IN A YEAR WOULD ENTAIL CONSIDERABLY MORE THAN
22 WE'VE EVER FUNDED. HAVING SAID THAT, AS WE GET MORE
23 AND MORE CLINICAL AWARDS, WHICH ARE THE MOST
24 EXPENSIVE, THAT WILL RAISE THE AMOUNT. BUT GETTING
25 TO 540 WOULD BE A MAJOR DEPARTURE FROM WHAT WE'VE

BETH C. DRAIN, CA CSR NO. 7152

1 DONE TO THIS POINT.

2 COMMENTS FROM MEMBERS OF THE BOARD?

3 HEARING NONE, JAMES.

4 MR. HARRISON: THIS IS THE LAST SLIDE.

5 UNDER PROP 71, WHEN ROYALTIES ARISE FROM CIRM-FUNDED
6 RESEARCH, PURSUANT TO CIRM'S IP POLICIES, CIRM'S
7 GRANTEES ARE REQUIRED TO MAKE THOSE PAYMENTS TO THE
8 STATE GENERAL FUNNEL. SO THEY DON'T RETURN TO CIRM.
9 THEY RETURN TO THE STATE GENERAL FUND, AND THEN
10 THEY'RE APPROPRIATED FOR ANY GENERAL FUND PURPOSE.

11 PROP 14 EARMARKS THOSE FUNDS SO THAT ONCE
12 THEY ARRIVE AT THE STATE TREASURER'S OFFICE, THEY
13 ARE SEGREGATED AND MADE AVAILABLE FOR APPROPRIATION
14 FOR THE PURPOSES OF SUPPORTING THE ABILITY OF
15 CALIFORNIANS WHO HAVE INSUFFICIENT MEANS TO OBTAIN
16 ACCESS TO CIRM-FUNDED TREATMENTS AND CURES AS WELL
17 AS TO CIRM-FUNDED TRIALS, INCLUDING REIMBURSING THE
18 KINDS OF PATIENT COSTS WE'VE REFERENCED EARLIER.

19 J.T.

20 CHAIRMAN THOMAS: THANK YOU, JAMES.

21 COMMENTS BY MEMBERS OF THE BOARD?

22 MS. DURON: J.T., ARE THESE THE KINDS OF
23 FUNDS THAT WILL ACCRUE BACK SOMETHING LIKE THE CARE
24 CENTERS WHERE WE'LL PROBABLY BE SERVING THE MOST
25 VULNERABLE SO THEY KNOW THAT THERE'S THIS, MAYBE NOT

BETH C. DRAIN, CA CSR NO. 7152

1 A CONTINUING FUND, BUT THAT THEY CAN LOOK TO THAT
2 FOR MORE SUPPORT? I DON'T KNOW WHAT THE MECHANISMS
3 ARE TO GET THIS MONEY BACK INTO SERVICE, IF YOU
4 WILL.

5 CHAIRMAN THOMAS: RIGHT. JAMES, WOULD YOU
6 WANT TO ADDRESS THAT, AND I HAVE A GENERAL COMMENT
7 AFTER YOUR ANSWER HERE.

8 MR. HARRISON: CERTAINLY. SO THOUGH THESE
9 FUNDS ARE EARMARKED AND THEREBY SEGREGATED, THEIR
10 USE IS RESTRICTED, BUT THEY WILL BE SUBJECT TO THE
11 ANNUAL BUDGET APPROPRIATION PROCESS, MEANING THE
12 GOVERNOR'S OFFICE WILL PROPOSE A BUDGET THAT WILL
13 INCLUDE THE APPROPRIATION OF FUNDS THAT HAVE ACCRUED
14 IN THIS ACCOUNT. AND THEN THAT BUDGET PROPOSAL WILL
15 BE REVIEWED AND ULTIMATELY APPROVED BY THE
16 LEGISLATURE.

17 CIRM WILL HAVE THE OPPORTUNITY TO
18 INFLUENCE THAT PROCESS BY PROPOSING THE HIGHEST AND
19 BEST USE OF THOSE FUNDS TO THE GOVERNOR'S OFFICE.
20 SO WE'VE ALREADY HAD SOME INITIAL DISCUSSIONS WITH
21 THE DEPARTMENT OF FINANCE. THEY ARE IN THE PROCESS
22 OF SETTING UP THIS SPECIAL ACCOUNT TO MAKE SURE THAT
23 THE FUNDS CAN BE TRACKED SO THAT THEY CAN BE
24 APPROPRIATED FOR THE BEST AND HIGHEST PURPOSES.

25 MS. DURON: I THINK IT'S VERY CRUCIAL.

BETH C. DRAIN, CA CSR NO. 7152

1 AND HOPEFULLY THIS COMES THROUGH THE COMMUNICATIONS
2 DEPARTMENT THAT WE ALSO RECOGNIZE WHAT MONEY IS
3 GOING BACK TO SERVE THE PUBLIC. BECAUSE I THINK
4 THAT QUESTION HAS ARISEN DURING THE CAMPAIGN AS
5 WELL. WHAT'S IN IT FOR ME, KIND OF I HAVEN'T HEARD
6 HOW THIS HAS HELPED THE COMMUNITIES, PATIENTS, ET
7 CETERA. I THINK IT WOULD BE VERY GOOD TO SPOTLIGHT
8 HOW THESE FUNDS ARE GOING BACK TO HELP THE COMMUNITY
9 SO THAT PEOPLE WILL UNDERSTAND AND IT'S VERY OPEN,
10 AUTHENTIC, AND TRANSPARENT. THANKS.

11 DR. SANDMEYER: SO WOULD THIS INCLUDE
12 FUNDS FROM THE LAST BOND ISSUE? AND SO HOW MUCH ARE
13 WE TALKING ABOUT? WOULD THOSE FUNDS BE REDIRECTED?

14 MR. HARRISON: SO THE EXTENT THAT THE
15 GENERAL FUND HAS, PRIOR TO THE EFFECTIVE DATE OF
16 PROP 14, RECEIVED FUNDS, THOSE FUNDS WOULD HAVE
17 ALREADY BEEN APPROPRIATED. BUT ANY FUNDS RECEIVED
18 ON OR AFTER DECEMBER 16, 2020, WHICH WAS THE
19 EFFECTIVE DATE OF PROP 14, WILL NOW BE EARMARKED FOR
20 THIS PURPOSE. I THINK IT'S DIFFICULT TO ANTICIPATE
21 THE LEVEL OF FUTURE FUNDING THAT MIGHT BE GENERATED
22 BECAUSE IT DEPENDS UPON THE SUCCESS OF BOTH EXISTING
23 AND NEW PROGRAMS THAT CIRM FUNDS, BUT CERTAINLY
24 THERE IS THE POTENTIAL FOR SOME SIGNIFICANT RETURN
25 AND THE DEPLOYMENT OF THOSE FUNDS FOR THE PURPOSES

BETH C. DRAIN, CA CSR NO. 7152

1 OF SUPPORTING PATIENTS.

2 DR. SANDMEYER: DO WE KNOW WHAT THE AMOUNT
3 WAS FOR THE PAST BOND ISSUE? I REALIZE THAT IS A
4 CHALLENGING NUMBER TO DERIVE.

5 MR. HARRISON: YES. TO DATE, AND DR.
6 MILLAN CORRECT ME IF MY NUMBER IS INCORRECT, BUT I
7 BELIEVE THE STATE HAS REALIZED APPROXIMATELY
8 \$350,000 IN ROYALTY REVENUE. SO IT'S A BEEN A SMALL
9 AMOUNT TO DATE, BUT THAT, OF COURSE, IS A FUNCTION
10 OF THE TIMELINE TO DEVELOP NEW THERAPIES. SO I
11 THINK WE CAN ANTICIPATE STRONGER RETURNS IN THE
12 FUTURE.

13 DR. SANDMEYER: THANK YOU.

14 CHAIRMAN THOMAS: AND THAT WAS GOING TO BE
15 MY GENERAL COMMENT, THAT THIS WILL BECOME
16 INCREASINGLY RELEVANT AS THE FIELD MATURES AND OUR
17 PROJECTS GET FURTHER ALONG AND WE GET MORE INTO
18 COMMERCIALIZED PRODUCT FORM WHICH GENERATES
19 ROYALTIES, ETC. SO THIS IS SOMETHING THAT'S GOING
20 TO PLAY OUT OVER A PERIOD OF TIME IN A PRESUMABLY
21 ESCALATING FASHION AND WE'LL HAVE MORE AND MORE
22 FUNDING AVAILABLE FOR THIS PARTICULAR PURPOSE.

23 OTHER COMMENTS FROM MEMBERS OF THE BOARD?

24 DR. VUORI: I APOLOGIZE IF I MISSED THIS,
25 BUT WHAT IS THE FORMULA NOW HOW ROYALTIES WILL BE

BETH C. DRAIN, CA CSR NO. 7152

1 CALCULATED? IS IT ON SALES ONLY, OR IS THERE AN
2 INFLECTION POINT AND A COMMERCIALIZATION EVENT
3 EARLIER THAN ACTUAL SALES THAT RESULTS IN SOME
4 RETURN ON INVESTMENT TO THE STATE?

5 MR. HARRISON: THE CURRENT IP POLICIES
6 IMPOSE REVENUE SHARING REQUIREMENTS ON
7 COMMERCIALIZING ENTITIES UPON COMMERCIALIZATION AT A
8 RATE OF .1 PERCENT PER ONE MILLION OF CIRM FUNDING.

9 CHAIRMAN THOMAS: OKAY. ANY OTHER
10 COMMENTS OR QUESTIONS BY MEMBERS OF THE BOARD?
11 HEARING NONE, JAMES, I THINK YOU SAID THIS WAS THE
12 FINAL PAGE. I WANT TO THANK YOU VERY MUCH, NOT JUST
13 FOR PUTTING THIS PRESENTATION TOGETHER, BUT FOR THE
14 INSTRUMENTAL ROLE THAT YOU HAD WITH BOB AND ART IN
15 NOT ONLY DRAFTING THIS MEASURE, BUT YOU GO BACK AND
16 HAVING WITH BOB DRAFTED PROP 71 AS WELL, THE AMOUNT
17 OF EFFORT THAT WENT INTO THIS CAN'T POSSIBLY BE
18 OVERSTATED. AND I THINK THAT THE PRODUCT HERE THAT
19 IS EMBODIED IN PROP 14 WILL ENABLE CIRM TO TAKE ITS
20 ALREADY OUTSTANDING PROGRAM TO GREATER HEIGHTS. AND
21 JUST WANTED TO THANK YOU VERY MUCH FOR ALL OF YOUR
22 WORK IN THIS AND IN YOUR CONTINUED EXPERTISE THAT
23 YOU LEND TO THIS WHOLE GRAND MISSION. AND SO ON
24 BEHALF OF THE BOARD, THANKS SO MUCH.

25 MR. TORRES: I JUST WANT TO SAY THANK YOU

BETH C. DRAIN, CA CSR NO. 7152

1 AS WELL TO JAMES. IT WAS QUITE AN EXPERIENCE
2 WORKING WITH HIM AND BOB OVER THE PROCESS THIS NEW
3 INITIATIVE WAS BEING DRAFTED. THANK GOD WE ARE
4 LUCKY TO HAVE THE EXPERTISE THAT JAMES PROVIDES TO
5 US, NOT ONLY IN THAT PROCESS, BUT ALSO SUBSEQUENTLY
6 AS WELL. SO THANK YOU, JAMES.

7 MR. HARRISON: THANKS TO BOTH OF YOU AND
8 TO THE BOARD.

9 CHAIRMAN THOMAS: OKAY. SO BEFORE WE GET
10 TO DR. MILLAN, BETH HAS BEEN TIRELESSLY WORKING AWAY
11 TRANSCRIBING FOR OVER A COUPLE HOURS. I WANT TO
12 GIVE HER A FIVE-MINUTE BREAK HERE. SO WE WILL BE
13 BACK WITH YOU IN A FEW.

14 (A RECESS WAS TAKEN.)

15 CHAIRMAN THOMAS: OKAY, EVERYBODY.
16 WELCOME BACK. WE ARE BACK LIVE ON THE AIR NOW.
17 GOING TO PROCEED NOW TO DR. MILLAN'S PRESENTATION.

18 DR. MILLAN: THANK YOU, CHAIRMAN THOMAS
19 AND MEMBERS OF THE BOARD. THAT WAS A REALLY VERY
20 PRODUCTIVE AND INFORMATIVE DISCUSSION, AND WE'RE
21 TAKING NOTES.

22 THIS SECTION OF THE MEETING, WHAT THE TEAM
23 AND I HOPE TO DO IS PROVIDE SOME INFORMATION,
24 BACKGROUND INFORMATION THAT WILL HELP THE BOARD
25 CONTINUE TO HAVE DISCUSSIONS RELATIVE TO THE

BETH C. DRAIN, CA CSR NO. 7152

1 COMPONENTS OF PROP 14 WHICH JAMES HAD OUTLINED.

2 NEXT SLIDE PLEASE, GEOFF. THANKS, GEOFF,
3 FOR DRIVING THE SLIDES.

4 BUT BEFORE THAT, I WANTED TO GIVE THIS
5 KIND OF CONTEXT, MAYBE EVEN SEQUENCE AND TIMING, IN
6 TERMS OF TACTICALLY AND STRATEGICALLY HOW WE ARE
7 LAUNCHING PROP 14. AND YOU WILL SEE THAT SOME
8 ELEMENTS WILL BE FAMILIAR TO YOU BECAUSE THEY ARE
9 SOME OF THE COMPONENTS THAT WERE MENTIONED IN THE
10 PRESENTATION BY JAMES AND IN THE DISCUSSIONS IN THE
11 PREVIOUS SECTION OF THIS MEETING.

12 SO THIS WILL GIVE US AN IDEA OF WHERE SOME
13 OF THESE ELEMENTS ARE ALREADY BEING CONSIDERED, SOME
14 INITIAL STEPS ALREADY BEING TAKEN IN THOSE
15 PARTICULAR COMPONENTS, BUT TO SAY THAT THE CONCEPTS
16 ARE STILL AND THE STRATEGIC PLAN IS STILL IN
17 DEVELOPMENT. AND SO I WANTED TO JUST GO AHEAD AND
18 LAY THOSE OUT SO THAT WE HAVE A SENSE THAT, EVEN IN
19 THE PRESENTATION TODAY, WE'RE NOT BRINGING ANY
20 CONCEPT PROPOSALS TO THE BOARD, THERE WILL BE NO
21 BOARD ACTION. WHAT WE HOPE TO DO IS GIVE CONTEXT IN
22 TERMS OF WHERE THESE PARTICULAR ELEMENTS FALL IN OUR
23 ONE-YEAR ACTIVITY.

24 SO CURRENTLY WE HAVE OPEN PROGRAM
25 ANNOUNCEMENTS FOR DISC2, WHICH IS CANDIDATE

BETH C. DRAIN, CA CSR NO. 7152

1 DISCOVERY, TRANSLATIONAL RESEARCH, TRAN, AND
2 CLINICAL STAGE RESEARCH. AND ALL OF THESE ACTUALLY
3 ALL WILL TAKE IN CNS RESEARCH PROPOSALS. SO THAT'S
4 JUST KIND OF A REALLY IMPORTANT STARTING POINT, AND
5 THESE LEGACY PROGRAMS HAVE BEEN RELAUNCHED AS
6 APPROVED BY THE ICOC WITH CONCEPT CHANGES AND
7 AMENDMENT THAT CORRECT FOR THINGS THAT NEEDED TO BE
8 CORRECTED, UPDATE THEM, AND ALREADY INSERT STRATEGIC
9 ELEMENTS SUCH AS DATA SHARING AND DIVERSITY, EQUITY,
10 AND INCLUSION PLANS. THIS IS THE FIRST STEP. IT
11 WILL NOT BE THE END OF IT. THIS WILL CONTINUE TO
12 EVOLVE, BUT ALL OF THOSE WERE APPROVED BY THE BOARD.
13 SO THOSE PROGRAMS ARE CURRENTLY OPEN.

14 SO THE WHOLE PROCESS OF REVIEW AND THEN
15 BRINGING THEM TO THE BOARD FOR APPROVAL WILL BE
16 OCCURRING IN THE FIRST TWO QUARTERS OF THIS YEAR.

17 THERE WILL BE CONVERSATION ABOUT EDUCATION
18 PROGRAMS, WHICH INCLUDE THE BRIDGES PROGRAM,
19 TRAINING, LAB-BASED PROGRAMS, AND SPARK PROGRAMS.
20 AND THAT WILL BE PRESENTED BY DR. KELLY SHEPARD, WHO
21 HAS BEEN REALLY SPEARHEADING THE MANAGEMENT OF THESE
22 PROGRAMS. SHE WILL BE GIVING AN OVERVIEW OF THAT.
23 IN THIS PARTICULAR CASE, THESE CONCEPTS ARE A LITTLE
24 BIT FURTHER ALONG, AND WE ARE SEEKING YOUR INPUT
25 BECAUSE POTENTIALLY, DEPENDING ON HOW YOU VIEW THESE

BETH C. DRAIN, CA CSR NO. 7152

1 PROGRAMS, THEY WILL BE BROUGHT TO THE FEBRUARY
2 MEETING FOR CONSIDERATION FOR OPENING AND A BUDGET
3 ASSOCIATED WITH THAT.

4 WE ARE CURRENTLY A VERY SMALL ORGANIZATION
5 RIGHT NOW. WE WERE, AS YOU KNOW, LAST YEAR KIND OF
6 IN A WIND-DOWN MODE WITH REALLY A SKELETON CREW THAT
7 REALLY DID SOME REMARKABLE THINGS IN TERMS OF
8 MANAGING THE FINAL PROGRAMS UNDER THE REMAINING PROP
9 71 FUNDS AS WELL AS THE EMERGENCY COVID PROGRAM AND
10 THE SICKLE CELL PROGRAM AND THEN EVERYTHING ELSE IN
11 BETWEEN TO RUN OPERATIONS OF THE AGENCY. AND SO
12 THAT SAME TEAM IS WHO'S LAUNCHING THESE VERY ROBUST
13 PROGRAMS RIGHT NOW. SO WE NEED TIME TO BUILD THE
14 PERSONNEL.

15 SO WE'RE CURRENTLY IN A VERY LARGE
16 EXPANSION OF OUR EFFORT, BUT THIS NEEDS TO BE DONE
17 STRATEGICALLY AS WELL TO MAKE SURE THAT WE HAVE GONE
18 THROUGH THE PROCESS OF REALLY BRINGING IN THE BEST
19 TEAM MEMBERS TO SUPPORT THESE EFFORTS ALONG WITH OUR
20 CURRENT MEMBERS.

21 AND BECAUSE OF THESE NEW PROGRAM
22 ANNOUNCEMENTS AND NEW ELEMENTS, SUCH AS DATA
23 SHARING, AND DEI AND OTHER ASPECTS THAT HAVE BEEN
24 BROUGHT INTO EVEN THESE CURRENT PROGRAM
25 ANNOUNCEMENTS, THERE ARE OPERATIONAL UPDATES,

BETH C. DRAIN, CA CSR NO. 7152

1 ADDITIONS, AND POLICIES THAT NEED TO BE BROUGHT UP
2 TO SPEED TO SUPPORT THESE PROGRAMS AS WELL AS TEE US
3 UP FOR WHAT'S COMING IN THE UPCOMING REST OF THIS
4 YEAR AND, WHERE WE CAN, BE READY TO BE IN THE BEST
5 POSITION TO LAUNCH THE FORMAL FIVE-YEAR STRATEGIC
6 PLAN.

7 WE ALSO EXPECT, SO THE END OF FEBRUARY,
8 THE JOINT PRESIDENT CHAIR SCIENTIFIC ADVISORY PANEL
9 WILL MEET. WE HAVE ASSEMBLED A VERY AUGUST GROUP OF
10 EXPERTS IN THE FIELD SPANNING A WIDE BREADTH OF
11 EXPERTISE, AND WE WILL BE HAVING A CONVERSATION
12 ABOUT SCIENTIFIC PROGRAM SCOPE, ALL OF THE KIND OF
13 CONVERSATIONS THAT OCCURRED EARLIER IN THE MEETING
14 IN TERMS OF WHAT ARE POTENTIAL VITAL RESEARCH
15 OPPORTUNITIES, EVALUATING WHERE WE CURRENTLY ARE
16 WITH OUR PROGRAMS, AND THEN DETERMINING WHAT THE
17 SCIENTIFIC COMMUNITY AND LEADERSHIP IN THAT
18 COMMUNITY BROADLY FEEL ARE UNIQUE AND IMPORTANT
19 OPPORTUNITIES FOR CIRM TO CONSIDER. AND THOSE WILL
20 BE BROUGHT TO THE BOARD FOR MORE DISCUSSION SO THAT
21 WE COULD REFINE EVEN EXISTING PROGRAMS WITH REGARD
22 TO SCOPE, FOR INSTANCE, OR OTHER ASPECTS OF THE
23 PROGRAM.

24 THE SHARED LABS WAS ALSO MENTIONED IN THE
25 PROP 14 COMPONENTS. AND WHAT WE EXPECT IS, IN

BETH C. DRAIN, CA CSR NO. 7152

1 ADDITION TO JUST BRINGING THAT UP TO CURRENT
2 STANDARDS AND MAKING REFINEMENTS, IMPROVEMENTS,
3 GAINING INPUT FROM THE STAKEHOLDERS, WE HOPE TO BE
4 ABLE TO BRING A CONCEPT PROPOSAL TO THE BOARD BY THE
5 THIRD QUARTER OF THIS YEAR AND LAUNCH THE PROGRAM
6 LATER IN THE YEAR.

7 AND THEN IN PARALLEL TO ALL THIS, WE ARE
8 CONTINUING A VERY, VERY AGGRESSIVE PACE TO REALLY
9 DEVELOP CONCEPTS AND THE STRATEGIC CONCEPTS THAT
10 HAVE BEEN BROUGHT TO THE BOARD AND BRINGING THOSE TO
11 SOMETHING THAT CAN LEAD TO THE FIVE-YEAR STRATEGIC
12 PLAN. THAT FIVE-YEAR STRATEGIC PLAN WILL INCLUDE
13 NEW ELEMENTS, INCLUDING WHAT FUTURE APPROACHES COULD
14 WE TAKE TO LEVERAGE AND CAPITALIZE ON OUR
15 OPPORTUNITY TO SUPPORT THE SCIENTIFIC PROGRAMS FROM
16 DISCOVERY ALL THE WAY THROUGH TO CLINICAL AND BEYOND
17 AND OTHER RESEARCH THAT ARE ASSOCIATED WITH THAT,
18 INCLUDING PROMINENTLY CNS DISEASE.

19 AND THEN THE NEW INFRASTRUCTURE PROGRAMS,
20 WE MENTIONED THE ALPHA CLINICS EXPANSION AND THE
21 COMMUNITY CARE CENTERS OF EXCELLENCE. THANK YOU SO
22 MUCH FOR THE AMAZING INPUT ALREADY. WE WILL LOOK
23 FORWARD TO WORKING WITH THE BOARD AS THOSE CONCEPTS
24 ARE BEING DEVELOPED.

25 AND THEN IN ADDITION TO THE EDUCATION

BETH C. DRAIN, CA CSR NO. 7152

1 PROGRAMS THAT YOU'LL BE HEARING ABOUT FROM DR.
2 SHEPARD, YOU WILL BE SEEING REFLECTED A NEW PROGRAM,
3 SOME OF THE ONES THAT WERE ASKED ABOUT, INCLUDING BY
4 DR. MELMED, IN TERMS OF THINGS SUCH AS FORMAL
5 FELLOWSHIPS THAT TRAIN AND CERTIFY SPECIALISTS IN
6 THE FIELD IN THE CLINICAL RESEARCH AND OTHERWISE,
7 BUT ALSO AT VARIOUS ONRAMPS FOR EARLIER STAGE
8 SESSIONS AT THE COMMUNITY COLLEGE LEVEL, OUR BRIDGES
9 PROGRAMS, AND OTHER KIND OF ONRAMP ENTRY POINTS FOR
10 SPECIALIZED TRACTS. SO YOU WILL START TO SEE THOSE
11 START TO ROLL OUT AFTER THE FIVE-YEAR STRATEGIC PLAN
12 HAS BEEN FINALIZED.

13 AND THEN THERE ARE ADDITIONAL CONCEPTS,
14 UNFORTUNATELY IT'S CUT OFF, BUT AT THE VERY BOTTOM
15 IT TALKS ABOUT NOVEL FUNDING OPPORTUNITIES AND SOME
16 OF THOSE CONCEPTS THAT WERE MENTIONED EARLIER ABOUT
17 NONSCIENTIFIC RESEARCH THAT WILL INFORM
18 ACCESSIBILITY AND AFFORDABILITY. WE EXPECT THAT
19 WE'LL GET DIRECTION FROM THE ACCESSIBILITY AND
20 AFFORDABILITY WORK GROUP AND THE BOARD IN TERMS OF
21 HOW WE COULD IMPLEMENT SOME IMPORTANT PROGRAMS THAT
22 WILL BRING THOSE GOALS FORWARD.

23 AND THEN THE OTHER ELEMENTS HERE IN GRAY
24 ARE IMPORTANT. THEY'RE NOT GRAYED BECAUSE THEY'RE
25 NOT IMPORTANT. THEY'RE IN VERY MATURE STAGES OF

BETH C. DRAIN, CA CSR NO. 7152

1 BEING DEVELOPED. THEY'VE BEEN THE TOPIC OF MANY OF
2 OUR ADVISORY INPUT AND AT BOARD MEETINGS, AND YOU
3 MAY HAVE SEEN SOME OF THOSE THEMES ARISE AS WE GO
4 THROUGH THE PRESENTATIONS TODAY.

5 SO ONE OF THE REASONS WHY I WANTED TO PUT
6 THIS, AND HOPEFULLY IT'S NOT AN OVERCROWDED SLIDE,
7 BUT IS JUST TO REALLY KIND OF LAY OUT WHAT THE
8 SEQUENCE OF EVENTS ARE, WHAT THE TIMING IS, AND THAT
9 ALL OF THESE ELEMENTS ARE BEING CONSIDERED. IT'S
10 JUST THAT THEY'RE AT VARIOUS STAGES OF CONCEPT
11 DEVELOPMENT BECAUSE, FRANKLY, FOR CONCEPTS SUCH AS
12 THE COMMUNITY CARE CENTERS OF EXCELLENCE, FOR
13 INSTANCE, THERE NEEDS TO BE MUCH MORE INPUT. SOME
14 OF THE SUGGESTIONS FROM EARLIER TODAY ARE VERY MUCH
15 HEARD. I THINK THEY WOULD BE EXTREMELY IMPORTANT
16 THAT THIS IS DEVELOPED ALONG WITH THE COMMUNITY
17 STAKEHOLDERS, THAT IT IS DESIGNED APPROPRIATELY, AND
18 IT DOES NOT HAVE UNINTENDED CONSEQUENCES OF GOING
19 AGAINST THE SPIRIT OF WHY THESE COMMUNITY CARE
20 CENTERS ARE BEING PUT IN PLACE. SO IT NEEDS TO BE
21 VERY WELL INFORMED.

22 ANYWAY, I WOULD LIKE TO JUST GO AHEAD AND
23 PAUSE THERE, CHAIRMAN THOMAS, TO TAKE ANY QUESTIONS
24 ABOUT JUST WHAT'S PRESENTED ON THIS SLIDE. AND THEN
25 I'M FORTUNATE TO HAVE MY COLLEAGUES THEN PRESENT

BETH C. DRAIN, CA CSR NO. 7152

1 SOME BACKGROUND MATERIAL ON VARIOUS TOPICS. WE'LL
2 START WITH ALPHA CLINICS, THEN THE EDUCATION
3 PROGRAMS, THE SHARED LABS, A DISCUSSION ABOUT SCOPE
4 AND VRO TOPICS THAT WERE MENTIONED BEFORE, BUT
5 ACTUALLY BRINGING UP SOME EXAMPLES OR THINGS THAT
6 THE CIRM TEAM KIND OF ALREADY HAS IN FRONT OF THEM,
7 AND THEN THE CNS PROGRAM. I MAY HAVE MISSED ONE,
8 BUT GENERALLY THAT'S HOW THE SEQUENCE WILL GO, JUST
9 TO FOLLOW WHAT JAMES HARRISON'S PRESENTATION WAS.
10 THANK YOU. CHAIRMAN THOMAS.

11 CHAIRMAN THOMAS: THANK YOU, MR. MILLAN.
12 MY ONLY COMMENT BEFORE OPENING UP HERE, IS IN
13 FURTHER DISCUSSION WITH DR. MILLAN AND THE TEAM AND
14 BEING AWARE OF THE FACT THAT WE NEED TO BRING ON
15 ADDITIONAL PERSONNEL, WE'RE GOING TO HAVE CRITICAL
16 INPUT. AND IN VIEW OF THE FACT THAT THE AAWG IS
17 GOING TO TAKE PERIOD OF TIME TO GET UP AND RUNNING,
18 IT WAS OUR COLLECTIVE JUDGMENT THAT THE GOAL FOR
19 ARRIVING AT THE STRATEGIC PLAN, WHICH WE HAD
20 ORIGINALLY THOUGHT WOULD BE MIDYEAR, WE COLLECTIVELY
21 MOVED TO THE END OF THE YEAR TO GIVE EVERYBODY A
22 CHANCE TO DO EVERYTHING THEY NEED TO MAKE IT AS
23 FULLY INFORMED AS POSSIBLE. AND AS WE'VE STATED
24 BEFORE, THE BOARD WILL BE INTEGRALLY INVOLVED AS WE
25 GO ALONG AT EACH STEP.

BETH C. DRAIN, CA CSR NO. 7152

1 SO HAVING JUST NOTED THAT, ANY COMMENTS ON
2 THIS PAGE BY MEMBERS OF THE BOARD? OKAY. THANK
3 YOU. DR. MILLAN, PLEASE CONTINUE.

4 DR. MILLAN: THANK YOU. AND WE'LL END
5 WITH THIS SLIDE SO THAT, IN CASE THERE ARE QUESTIONS
6 THAT ARISE LATER, YOU'LL HAVE A LITTLE BIT MORE
7 CONTEXT.

8 SO I'M PLEASSED TO INTRODUCE GEOFF LOMAX,
9 WHO'S BEEN THE PROGRAM MANAGER MANAGING OUR ALPHA
10 CLINICS NETWORK WHO WILL BE PROVIDING AN UPDATE SO
11 THAT YOU HAVE A SENSE OF WHAT THE INITIAL PROGRAM
12 LOOKS LIKE. AND IT, AGAIN, SERVES AS MATERIALS SO
13 THAT YOU CAN HAVE A MORE FULL DISCUSSION ABOUT THE
14 ALPHA CLINICS EXPANSION COMPONENT OF PROP 14. THANK
15 YOU. GO AHEAD PLEASE.

16 DR. LOMAX: THANK YOU, DR. MILLAN,
17 CHAIRMAN THOMAS. QUICK SOUND CHECK. AM I COMING IN
18 LOUD AND CLEAR? THANKS A LOT.

19 MY NAME IS GEOFF LOMAX. I'M THE PROGRAM
20 MANAGER FOR THE CIRM ALPHA STEM CELL CLINICS
21 NETWORK. I WILL PROVIDE A BRIEF OVERVIEW OF THE
22 NETWORK AND THE ROLE IT PLAYS IN SUPPORTING PATIENT
23 ACCESS TO STEM CELL AND GENE THERAPY TREATMENTS.

24 INITIATED IN 2015, THE ALPHA CLINICS ARE A
25 STATEWIDE NETWORK OF MEDICAL CENTERS DEDICATED TO

BETH C. DRAIN, CA CSR NO. 7152

1 THE DELIVERY OF CLINICAL TRIALS. THE NETWORK
2 PROVIDES PATIENT-CENTERED CARE WHILE ACCELERATING
3 CELL AND GENE THERAPY CLINICAL TRIALS. CIRM FUNDING
4 SUPPORTS TEAMS THAT ARE ABLE TO WORK ACROSS RESEARCH
5 UNITS IRRESPECTIVE OF INDICATION OR DISEASE
6 CONDITION TO SUPPORT THE UNIQUE NEED OF STEM CELL
7 CLINICAL TRIALS. THESE TEAMS INCLUDE PATIENT
8 EDUCATORS AND NAVIGATORS WHO ARE FOCUSED ON THE
9 UNIQUE ATTRIBUTES OF STEM CELL TREATMENTS,
10 TECHNICIANS WITH EXPERTISE IN CELL MANUFACTURING AND
11 PROCESSING, PROVIDING THE CAPACITY TO HANDLE A RANGE
12 OF CELL-BASED TREATMENTS CONSISTENT WITH FDA
13 REQUIREMENTS, AND, OF COURSE, DOCTORS AND NURSES
14 WITH TRAINING AND EXPERIENCE IN CLINICAL RESEARCH
15 AND THE DELIVERY OF STEM CELL-BASED TREATMENT
16 PROTOCOLS, AND THE SUBSEQUENT PATIENT FOLLOW-UP.

17 IN ADDITION, CIRM AND THE ALPHA CLINIC
18 SITES HAVE WORKED COLLABORATIVELY OVER THE PAST FIVE
19 PLUS YEARS TO CREATE NETWORK SYNERGY. WE'VE
20 DEVELOPED STANDARD OPERATING PROCEDURES,
21 ACCELERATING TOOLS, AND KNOWLEDGE NETWORKS RESULTING
22 IN A TRACK RECORD OF SUCCESS. THIS TRACK RECORD
23 INCLUDES OVER 105 CLINICAL TRIALS, A MAJORITY BEING
24 INDUSTRY SPONSORED.

25 IN TERMS OF VALUE PROPOSITION, INDUSTRY

BETH C. DRAIN, CA CSR NO. 7152

1 SPONSORS CITE RECRUITMENT TOOLS, SUCH AS COVAR
2 IDENTIFICATION DATABASES; REGULATORY ALIGNMENT, SUCH
3 AS THE NETWORK'S IRB RELIANCE AGREEMENT; TECHNICAL
4 EXPERTISE AND PROFICIENCY IN PRODUCT MANUFACTURING
5 AND PROCESSING; AND THE ABILITY TO DELIVER CLINICAL
6 CARE WITH A COMPARATIVELY LOW RATE OF PROTOCOL
7 DEVIATION.

8 SO TO ILLUSTRATE HOW THESE PIECES COME
9 TOGETHER, I'LL PROVIDE A COUPLE OF EXAMPLES OF
10 TRIALS BEING RUN WITHIN THE NETWORK. THE FIRST IS
11 AVITA BIOMEDICAL. AVITA'S PHASE 2 GLIOBLASTOMA
12 PROGRAM INVOLVES AUTOLOGOUS DENDRITIC CELLS LOADED
13 WITH IMMUNE FACTORS TARGETING THE TUMOR.

14 IN THE SECOND HALF OF 2018, THE COMPANY
15 WAS ABLE TO INITIATE THREE ALPHA CLINIC SITES, UC
16 IRVINE, UC DAVIS, AND UC SAN DIEGO UTILIZED THE
17 NETWORK'S SMART IRB RELIANCE AGREEMENT TO ACHIEVE A
18 60-DAY TRIAL ACTIVATION. IN THE END, AVITA REPORTED
19 COMPLETE ENROLLMENT IN FEBRUARY 2020, AND THE ASCC
20 SITES ACHIEVED THEIR ENROLLMENT OBJECTIVES.

21 A SECOND EXAMPLE IS DR. MICHAEL MATTHAY'S
22 CIRM-FUNDED COVID AWARD. THIS RANDOMIZED CONTROL
23 TRIAL USES ALLOGENEIC BONE MARROW-DERIVED
24 MESENCHYMAL CELLS IN COVID-19 PATIENTS ENCOUNTERING
25 RESPIRATORY DISTRESS. THIS IS ACTUALLY A NATIONAL

BETH C. DRAIN, CA CSR NO. 7152

1 TRIAL, BUT IT'S ALSO OPENED AT TWO ALPHA CLINIC
2 SITES, UCSF AND UC DAVIS, WITH UCSF OPENING THE
3 TRIAL AT SAN FRANCISCO GENERAL, WHICH IS THE PRIMARY
4 HOSPITAL FOR THE CITY'S UNDERSERVED COMMUNITIES.
5 DAVIS WAS AMONG THE FIRST SITES TO OPEN NATIONALLY
6 AND HAS SCREENED AND TREATED PATIENTS AS WELL.

7 IN BOTH THESE EXAMPLES NETWORK
8 ACCELERATING TOOLS WERE UTILIZED TO OPEN TRIALS
9 QUICKLY AND INITIATE PATIENT TREATMENT AT MULTIPLE
10 SITES.

11 THE ALPHA CLINICS ALSO REPRESENTS AN
12 OUTSTANDING TRAINING PLATFORM. FROM THE BEGINNING,
13 THE NETWORK CREATED SYSTEMS FOR KNOWLEDGE CAPTURE
14 AND DISSEMINATION, AND NETWORK SITES HAVE SPONSORED
15 CONTINUING EDUCATION AND TRAINING OPPORTUNITY TO
16 DEVELOP THE NEXT GENERATION OF DOCTORS, NURSES,
17 RESEARCHERS, AND TECHNICIANS. FOR EXAMPLE, IN
18 AUGUST 2018, CITY OF HOPE, IN COLLABORATION WITH THE
19 ENTIRE NETWORK, HOSTED A TWO-DAY CONTINUING
20 EDUCATION PROGRAM WITH 155 ATTENDEES, 88 OF WHICH
21 WERE REGISTERED NURSES.

22 AND THEN, FINALLY, I WANT TO HIGHLIGHT OUR
23 CELLULAR THERAPY CLINICAL RESEARCH FELLOWSHIP
24 PROGRAM THAT CAME UP EARLIER IN COMMENT. AND THIS
25 BRIEF VIDEO WILL HIGHLIGHT SOME OF THE SUCCESS OF

BETH C. DRAIN, CA CSR NO. 7152

1 THIS PROGRAM.

2 (THE VIDEO WAS THEN SHARED, NOT
3 REPORTED NOR HEREIN TRANSCRIBED.)

4 DR. LOMAX: MARIA, DO YOU WANT TO HAND IT
5 BACK TO YOU?

6 DR. MILLAN: THANK YOU SO MUCH, GEOFF.
7 CHAIRMAN THOMAS, I'M HANDING IT BACK TO YOU AT THIS
8 TIME. I'M HAPPY TO ANSWER ANY QUESTIONS RELATED TO
9 THIS PRESENTATION.

10 CHAIRMAN THOMAS: THANK YOU. AND, GEOFF,
11 YOU'VE GOT A GREAT RADIO PERSONALITY VOICE. PERHAPS
12 IN YOUR SPARE TIME YOU CAN DOUBLE IN THAT ARENA AS
13 WELL.

14 DR. LOMAX: FULL DISCLOSURE, AS A UC DAVIS
15 ALUMNI, ACTUALLY ONE OF MY LAST THINGS WAS TO BE THE
16 GENERAL MANAGER OF THE RADIO STATION, SO I
17 APPRECIATE THAT IT'S RUBBED OFF.

18 CHAIRMAN THOMAS: THERE YOU GO. THANK YOU
19 FOR THAT PRESENTATION. COMMENTS ON THE ALPHA CLINIC
20 PROGRAM BY MEMBERS OF THE BOARD?

21 DR. DULIEGE: ACTUALLY MOSTLY A QUESTION,
22 GEOFF. I RECALL THAT YOU MANAGE THE CLINICAL TRIALS
23 IN THE ALPHA CLINIC PROGRAMS. THE CIRM HIRED A CRO.
24 I DON'T REMEMBER THE NAME OF THAT CRO. WHAT DEGREE
25 OF SATISFACTION HAVE YOU HAD WITH THAT CRO, AND ARE

BETH C. DRAIN, CA CSR NO. 7152

1 YOU GOING TO EXTEND THEIR CONTRACTS?

2 DR. MILLAN: I'LL TAKE THAT QUESTION, DR.
3 DULIEGE. I THINK WHAT YOU ARE REFERRING TO MAY BE A
4 GRANTEE OF OURS, IQVIA, THAT WAS FUNDED THROUGH THE
5 ACCELERATING CENTER AND TRANSLATING CENTER
6 INFRASTRUCTURE AWARDS, AND THOSE WEREN'T CONTRACTS
7 PER SE. THEY WERE GRANT AWARDS. AND THE
8 ACCELERATING CENTER AWARD, AND JUST BY WAY OF
9 BACKGROUND, THAT ACCELERATING CENTER WAS INTENDED TO
10 PROVIDE SERVICES FOR STEM CELL AND REGENERATIVE
11 MEDICINE CLINICAL TRIALS RELATED TO CLINICAL
12 OPERATIONS, REGULATORY SUPPORT, AND ALL THINGS
13 RELATED TO ACTUALLY RUNNING THE TRIALS. THE
14 TRANSLATING CENTER IS INTENDED TO HELP WITH KIND OF
15 THE PRE-IND OR IND-ENABLING ACTIVITIES, PROCESS
16 DEVELOPMENT, MANUFACTURING, AND PRECLINICAL STUDIES
17 THAT WOULD ENABLE OUR PROGRAMS TO ACHIEVE WHAT THEY
18 NEEDED TO GO INTO THE CLINICS.

19 SO BOTH PROGRAMS, THE ACCELERATING CENTER
20 HAS ALREADY COMPLETED AND I THINK IT'S NOW A
21 SELF-SUSTAINING ENTITY IN CALIFORNIA SERVING THE
22 BROADER COMMUNITY AS WELL AS OUR PROGRAMS FOR THE
23 TYPE OF SUPPORT THAT THEY PREVIOUSLY PROVIDED. AND
24 DR. CREASEY GAVE A REVIEW OF THAT PROGRAM AT A
25 PREVIOUS BOARD MEETING LAST YEAR. AND THEN THE

BETH C. DRAIN, CA CSR NO. 7152

1 TRANSLATING CENTER IS IN ITS FINAL STAGES STILL
2 SUPPORTING OUR PRECLINICAL PROGRAMS AND TRANSLATING
3 THEM TO THE CLINIC. AND ONCE THAT'S FINISHED, THOSE
4 AWARDS ARE COMPLETE. AND THE IDEA WOULD BE, UNLESS
5 THERE IS ANOTHER INFRASTRUCTURE PROGRAM, THE INTENT
6 OF THOSE FUNDING OPPORTUNITIES WAS THAT THOSE
7 ENTITIES WOULD BE SET UP AND THAT THEY WOULD BE
8 SELF-SUSTAINABLE AND BE ABLE TO PROVIDE THE SERVICES
9 AND THE ASSETS THAT WERE DEVELOPED BY THE SEED
10 FUNDING FROM CIRM.

11 I THINK IN TERMS OF HOW DID IT WORK OUT,
12 THERE WAS DEFINITELY A LEARNING CURVE FOR THE
13 ACCELERATING CENTER BECAUSE THE FIELD WAS SO NEW,
14 AND THAT'S THE REASON THAT IQVIA, WHICH IS A VERY
15 BIG KIND OF INTERNATIONAL CRO AND DATA COMPANY NOW,
16 REALLY UNDERSTOOD THAT THE REGENERATIVE MEDICINE
17 FIELD WAS THE FUTURE. AND SO BY PUTTING A TEAM
18 TOGETHER THAT SPECIFICALLY SUPPORTED THIS EFFORT,
19 FOR SURE THERE WAS A LEARNING CURVE IN HOW THEY WORK
20 WITH ACADEMIC CENTERS, BUT THERE HAVE BEEN QUITE A
21 FEW PROGRAMS THAT WERE SUCCESSFUL KIND OF ONCE THE
22 LEARNING CURVE HAD COMPLETED.

23 THE TRANSLATING CENTER, I'VE GOTTEN A
24 REPORT, HAS CONTINUED TO BE GAINING CONTRACTS TO
25 HELP PEOPLE, OUR GRANTEES AND OTHERS, OVERCOME SOME

BETH C. DRAIN, CA CSR NO. 7152

1 OF THE TRANSLATIONAL CHALLENGES THEY MAY HAVE TO
2 GETTING TO THE IND.

3 DR. DULIEGE: THANK YOU FOR THESE
4 CLARIFICATIONS. I APPRECIATE IT.

5 DR. MILLAN: YOU'RE WELCOME.

6 CHAIRMAN THOMAS: OTHER QUESTIONS OR
7 COMMENTS FROM MEMBERS OF THE BOARD? OKAY. JUST TO
8 FINISH, GEOFF, JUST CONGRATULATIONS. YOU'VE BEEN
9 RUNNING THIS PROGRAM FOR SEVERAL YEARS NOW. IT'S A
10 GREAT SUCCESS AND WILL ONLY CONTINUE TO BE MORE SO.
11 AND WE REALLY APPRECIATE ALL THE TIME AND EFFORT
12 YOU'VE PUT INTO MAKING THIS HAPPEN. SO THANK YOU.

13 DR. LOMAX: THANK YOU.

14 CHAIRMAN THOMAS: THE NIFTY CIRM LOGO
15 BEHIND YOU AS WELL. OKAY. MR. MILLAN.

16 DR. MILLAN: THANK YOU. GEOFF IS GOING
17 CONTINUE TO BE ON HERE AS OUR SLIDE DRIVER. SO IF
18 THERE AREN'T ANY QUESTIONS ABOUT THE ALPHA CLINICS,
19 THE NEXT PROGRAM WE'D LIKE TO BRING TO YOU ARE
20 EDUCATION PROGRAMS BEING PRESENTED BY DR. KELLY
21 SHEPARD. AS MENTIONED IN MY INTRODUCTORY SLIDE, DR.
22 SHEPARD WILL BE PROVIDING A BACKGROUND ON MAINLY TWO
23 EDUCATION PROGRAMS, THE BRIDGES PROGRAM AND THE
24 TRAINING AWARDS, AND THE SPARK PROGRAM IS ALSO
25 SOMETHING THAT'S GOING TO BE BROUGHT TO YOU SOON.

BETH C. DRAIN, CA CSR NO. 7152

1 BUT SHE WILL GIVE A BACKGROUND, AND THERE WILL BE
2 SPECIFIC QUESTIONS FOR DISCUSSION. AND WE ARE
3 SEEKING BOARD INPUT ON THIS BECAUSE POTENTIALLY WE
4 WOULD BRING THIS BEFORE YOU WITH A CONCEPT AND A
5 POTENTIAL BUDGET AT THE NEXT MEETING.

6 SO, DR. SHEPARD, PLEASE GO AHEAD AND THE
7 FLOOR IS YOURS.

8 DR. SHEPARD: IS EVERYONE ABLE TO HEAR ME?

9 CHAIRMAN THOMAS: YES.

10 DR. SHEPARD: GREAT. MY NAME IS KELLY
11 SHEPARD, AND I'M ASSOCIATE DIRECTOR OF OUR
12 DISCOVERY, TRANSLATION, AND EDUCATION TEAM. AND
13 I'VE BEEN INVOLVED WITH OUR BASIC RESEARCH PROGRAMS
14 AS WELL AS AT SOME CAPACITY IN OUR TRAINING GRANT
15 PROGRAM FOR THE PAST 12 YEARS.

16 SO I'D LIKE TO JUST BEGIN BY GIVING A
17 BRIEF OVERVIEW OF THE HISTORY AND OUTCOMES OF OUR
18 TRADITIONAL TRAINING GRANT PROGRAMS WHICH STARTED,
19 AS JAMES MENTIONED IN HIS PRESENTATION, AS OUR VERY
20 FIRST INITIATIVE, OUR VERY FIRST INITIATIVE AT ALL
21 IN 2005 AND IS CONTINUING TO THIS DAY.

22 SO ON THE LEFT WE HAVE SPARK PROGRAM WHICH
23 SUPPORTS SUMMER RESEARCH INTERNSHIPS FOR HIGH SCHOOL
24 STUDENTS. WE'VE BEEN SUPPORTING THIS FOR ABOUT NINE
25 YEARS NOW. AND THAN THE TWO PROGRAMS THAT ARE GOING

BETH C. DRAIN, CA CSR NO. 7152

1 TO BE MORE TOPIC OF FOCUSED DISCUSSION IN A FEW
2 MINUTES WHICH ARE OUR BRIDGES AND RESEARCH TRAINING
3 PROGRAMS.

4 THE BRIDGES PROGRAM SUPPORTS UNDERGRADUATE
5 AND MASTER'S LEVEL RESEARCH TRAINING. AND THE
6 RESEARCH TRAINING GRANTS SUPPORT TRAINING AT THE
7 PRE- AND POSTDOCTORAL LEVEL AS WELL AS HAS SUPPORTED
8 THE CLINICAL FELLOW LEVEL. IF I COULD HAVE THE NEXT
9 SLIDE PLEASE.

10 SO LET'S FIRST START WITH A QUICK
11 DISCUSSION OF THE BRIDGES PROGRAM BECAUSE THESE
12 AWARDS, THROUGH THEIR 71 FUNDING, ARE ACTUALLY
13 ENDING IMMINENTLY WITHIN THE NEXT FEW MONTHS AND A
14 FEW OTHERS ARE ENDING IN 2022 AS WELL. OF COURSE,
15 AS WITH CIRM'S TRAINING AND WORKFORCE DEVELOPMENT
16 PROGRAMS, THE GOALS OF THESE ARE TO CREATE A DIVERSE
17 AND WELL-TRAINED WORKFORCE OF SCIENTISTS AND
18 TECHNICIANS AT ALL LEVELS TO HELP REALIZE THE FULL
19 POTENTIAL FOR STEM CELLS TO TREAT PATIENTS WITH
20 UNMET MEDICAL NEEDS.

21 NEXT SLIDE PLEASE. SPECIFICALLY, WE'LL
22 FOCUS FIRST ON THE BRIDGES PROGRAM, THE OBJECTIVE OF
23 WHICH HAS BEEN TO PREPARE CALIFORNIA'S UNDERGRADUATE
24 AND MASTER'S STUDENTS FOR PRODUCTIVE CAREERS IN STEM
25 CELL RESEARCH AND THERAPY DEVELOPMENT. SO THESE

BETH C. DRAIN, CA CSR NO. 7152

1 PROGRAMS ARE STRUCTURED BY INTEGRATION INTO
2 BACHELOR'S, MASTER'S, OR CERTIFICATE GRANTING
3 PROGRAMS BASED AT HOME INSTITUTIONS AROUND THE STATE
4 OF CALIFORNIA.

5 I WILL GET TO WHAT THOSE HOME INSTITUTIONS
6 ARE ON MY NEXT SLIDE, BUT FIRST I THOUGHT IT WOULD
7 BE WORTH POINTING OUT HOW THIS PROGRAM HAS BEEN
8 FUNDED FOR THESE PAST TWELVE YEARS. THE ORIGINAL
9 BRIDGES GRANT PROGRAMS WERE OFFERED IN 2008 AS A
10 REQUEST FOR FUNDING. THERE WAS A REVIEW AND AWARDS
11 WERE MADE THAT WERE LAUNCHED IN 2009. THESE WERE
12 THREE-YEAR AWARDS, BUT THEY ARE EXTENDED
13 SUBSEQUENTLY BY A BOARD ALLOCATION. AND THEN AT THE
14 END OF THAT EXTENSION, WE WERE IN TRANSITION TO OUR
15 NEW LEADERSHIP UNDER DR. RANDY MILLS. SO OUR BOARD
16 GRANTED A SEVENTH YEAR TO THESE PROGRAMS WHILE WE
17 DEVELOPED A NEW STRATEGIC PLAN UNDER DR. MILLS'
18 LEADERSHIP AND REVAMPED THE PROGRAM FOR A SECOND
19 RFA, ALLOWING AN OPPORTUNITY FOR THESE SUCCESSFUL
20 PROGRAMS TO COME BACK AND REAPPLY FOR A NEW ROUND OF
21 FUNDING WITH SOME MODIFICATIONS TO ALIGN THESE
22 PROGRAMS TO OUR NEW STRATEGIC PLAN.

23 THOSE AWARDS, WHICH ARE THE ONES THAT ARE
24 ACTIVE TODAY BUT ENDING SOON, WERE OFFERED IN 2015,
25 AND THEY WERE FIVE-YEAR AWARDS.

BETH C. DRAIN, CA CSR NO. 7152

1 NEXT SLIDE PLEASE. SO THESE ARE THE
2 INSTITUTIONS THAT HOST BRIDGES AWARDS. HISTORICALLY
3 THERE WERE 16; PRESENTLY THERE ARE 14. AS YOU CAN
4 SEE, THESE ARE CALIFORNIA STATE UNIVERSITIES AND
5 COMMUNITY COLLEGES AROUND THE STATE OF CALIFORNIA.
6 THE POINT YOU SEE FARTHEST UP NORTH IS HUMBOLDT
7 STATE, THE FARTHEST SOUTH IS SAN DIEGO STATE, AND
8 THE EASTERNMOST REPRESENTATION IS SACRAMENTO STATE
9 AND CAL STATE UNIVERSITY SAN BERNARDINO.

10 EACH ONE OF THESE PROGRAMS IS A LITTLE BIT
11 DIFFERENT FROM THE NEXT. AS I MENTIONED, SOME ARE
12 MASTER'S DEGREE PROGRAMS, SOME ARE CERTIFICATE, AND
13 SOME ARE TARGETING UNDERGRADUATE LEVEL PROGRAMS.
14 HOWEVER, THEY ALL DO HAVE SOME CORE FEATURES IN
15 COMMON THAT I'D LIKE TO SHARE ON MY NEXT SLIDE
16 PLEASE.

17 SO IN ADDITION TO THE COURSEWORK THAT
18 STUDENTS TAKE AT THEIR HOME UNIVERSITY, THEY ALL
19 TAKE AN ADVANCED LABORATORY TECHNIQUES COURSE THAT
20 WAS OFFERED BY AND IN MANY CASES DEVELOPED BY OUR
21 SHARED LABS GRANTS PROGRAM THAT YOU WILL HEAR ABOUT
22 IN A LITTLE BIT. YOU HEARD ABOUT A LITTLE BIT FROM
23 JAMES, AND YOU'LL HEAR ABOUT AGAIN AFTER MY
24 PRESENTATION. ALL PROGRAMS HAVE REQUIRED ACTIVITIES
25 WHERE STUDENTS INTERACT DIRECTLY WITH PATIENT OR

BETH C. DRAIN, CA CSR NO. 7152

1 PATIENT ADVOCATES, AND THEY ALSO PARTICIPATE IN
2 COMMUNITY OUTREACH EFFORTS TO HELP THEM BECOME
3 AMBASSADORS FOR THE STEM CELL FIELD AROUND OUR
4 COMMUNITIES.

5 BUT THE CENTRAL DEFINING HALLMARK OF THE
6 BRIDGES PROGRAMS ARE THE FULL-TIME PAID RESEARCH
7 INTERNSHIPS AT PARTNERING OR WHAT WE CALL HOST
8 INSTITUTIONS. THESE HOST INSTITUTIONS ARE MAJOR
9 RESEARCH UNIVERSITIES AROUND THE STATE AS WELL AS
10 BIOTECHNOLOGY COMPANIES THAT HAVE A FOCUS IN
11 REGENERATIVE MEDICINE. MOST OF THESE PROGRAMS OFFER
12 YEAR-LONG INTERNSHIPS, SOME OF THEM NINE MONTHS OR
13 SO. THIS IS KIND OF THE HALLMARK FEATURE. THE
14 STUDENTS ARE ABLE TO GO AND WORK FULL TIME IN THESE
15 LABS AND ARE SUPPORTED THROUGH THE BRIDGES GRANTS.

16 AT THE END OF THEIR EXPERIENCE, THERE'S A
17 CULMINATING ANNUAL BRIDGES CONFERENCE WHERE THE
18 ALUMNI FROM ALL ACROSS THE STATE ARE ABLE TO COME
19 TOGETHER FOR THAT YEAR AND DISCUSS THEIR RESEARCH
20 WITH ONE ANOTHER AND NETWORK.

21 NEXT SLIDE PLEASE. SO IN THE ELEVEN
22 YEARS, THE FIRST ELEVEN YEARS OF THIS PROGRAM, OVER
23 1500 ALUMNI HAVE RESULTED. A SURVEY OF THOSE ALUMNI
24 OF THOSE WHO RESPONDED INDICATE THAT ABOUT 48
25 PERCENT OF THEM ARE FIRST GENERATION COLLEGE

BETH C. DRAIN, CA CSR NO. 7152

1 STUDENTS, OVER 60 PERCENT HAVE FOUND EMPLOYMENT
2 AFTER THEIR GRADUATION IN RESEARCH AND DEVELOPMENT
3 POSITIONS, JUST ABOUT HALF AND HALF IN ACADEMIC
4 RESEARCH LABS VERSUS THE BIOTECH OR PHARMACEUTICAL
5 INDUSTRY. ANOTHER 35 PERCENT OF THESE STUDENTS GO
6 ON TO FURTHER THEIR EDUCATION IN PH.D.,
7 PROFESSIONAL, OR OTHER GRADUATE PROGRAMS, INCLUDING
8 MEDICAL SCHOOL. AND DURING THEIR INTERNSHIPS, OUR
9 BRIDGES ALUMNI HAD CONTRIBUTED THUS FAR TO 261
10 PUBLICATIONS.

11 NEXT SLIDE PLEASE. I'M JUST BRIEFLY GOING
12 TO GO OVER THE OUTCOMES OF THE SPARK PROGRAM BECAUSE
13 WE'RE GOING TO BE BRINGING THIS TO YOU A LITTLE BIT
14 LATER. BUT THIS IS OUR HIGH SCHOOL RESEARCH
15 INTERNSHIP PROGRAM, AND THUS FAR 482 HIGH SCHOOL
16 STUDENTS HAVE COMPLETED THEIR INTERNSHIPS SINCE 2012
17 WHEN WE BEGAN OFFERING THIS PROGRAM. AND A SURVEY
18 OF SOME ALUMNI OF THIS PROGRAM INDICATED THE
19 MAJORITY OF THEM HAVE CONTINUED TO PURSUE BIOLOGY OR
20 OTHER STEM-RELATED FIELDS, AND MANY OF THEM ARE
21 ATTENDING UC'S OR OTHER UNIVERSITIES AROUND
22 CALIFORNIA, AND ABOUT A THIRD OF THEM ARE ATTENDING
23 SCHOOLS OUTSIDE OF CALIFORNIA.

24 MY NEXT SLIDE PLEASE. THE THIRD PROGRAM
25 I'M GOING TO TELL YOU ABOUT IS NOT CURRENTLY ACTIVE,

BETH C. DRAIN, CA CSR NO. 7152

1 BUT WE THINK IT'S IMPORTANT TO CONSIDER BRINGING A
2 CONCEPT TO YOU TO ADAPT THIS TO OUR TIMES. THIS IS
3 THE RESEARCH TRAINING GRANT PROGRAM. IT WAS ACTIVE
4 FROM 2006 THROUGH 2016. THE OBJECTIVE OF THIS
5 PROGRAM WAS TO CREATE A DIVERSE CADRE OF SCIENTISTS
6 WITH KNOWLEDGE AND SKILL TO LEAD EFFECTIVE STEM CELL
7 RESEARCH PROGRAMS; IN OTHER WORDS, FUTURE FACULTY
8 AND PRINCIPAL INVESTIGATORS. THESE WERE REFERRED TO
9 AS THE CIRM SCHOLARS, AND THE TRAINING TARGETED
10 STUDENTS WHO WERE PRE-PH.D. AS WELL AS POSTDOCTORAL
11 FELLOWS AND CLINICAL FELLOWS.

12 THE WAY THESE PROGRAMS WERE STRUCTURED IS
13 THAT EACH INSTITUTION OFFERED A SINGLE INTEGRATED
14 PROGRAM OF TRAINING THAT WAS REALLY DESIGNED TO BE
15 APPROPRIATE FOR THE LEVEL OF THE TRAINEE THAT THEY
16 WERE TARGETING AS WELL ITS OWN EXPERTISE OF ITS OWN
17 FACULTY.

18 THESE GRANTS WERE SUPPORTED BY TWO RFA'S.
19 THE FIRST WAS OFFERED IN 2005, AS JAMES HIGHLIGHTED.
20 THESE WERE THE T SERIES GRANTS, AND THEY WERE ACTIVE
21 FOR THREE YEARS. THE PROGRAM WAS THEN RELAUNCHED AS
22 THE RESEARCH TRAINING 2 AWARDS IN 2009. THOSE AGAIN
23 WERE THREE-YEAR AWARDS, BUT THEY WERE EXTENDED BY A
24 BOARD ALLOCATION FOR AN ADDITIONAL THREE YEARS. SO
25 THAT RFA WAS LAST OFFERED IN 2008.

BETH C. DRAIN, CA CSR NO. 7152

1 MY NEXT SLIDE PLEASE. AND THE RESEARCH
2 TRAINING GRANTS, THIS IS THE LIST OF WHERE THEY TOOK
3 PLACE. AS YOU CAN SEE, THERE'S A VARIETY OF
4 INSTITUTIONS, SOME WITH MEDICAL SCHOOLS, SOME
5 SMALLER INSTITUTIONS THAT MAINLY FOCUSED ON
6 POST-DOCTORAL FELLOW OR GRADUATE STUDENTS. AND IN
7 THE END, THE ALUMNI FROM THESE PROGRAMS, THE CIRM
8 SCHOLARS, THERE ARE 940 OF THEM, THEY'VE CONTRIBUTED
9 TO OVER A THOUSAND PUBLICATIONS IN THE SCIENTIFIC
10 LITERATURE. AND YOU HEARD WITH REFERENCE TO DR.
11 ROSSI EARLIER, THERE ARE MULTIPLE EXAMPLES OF
12 GRADUATES OF THIS PROGRAM WHO HAVE GONE ON TO BECOME
13 FACULTY LEADERS INSIDE AND OUTSIDE OF CALIFORNIA AND
14 HAVE EVEN COME BACK AND RECEIVED ADDITIONAL CIRM
15 FUNDING FOR THEIR OWN RESEARCH PROGRAMS IN THEIR OWN
16 LABORATORIES.

17 NEXT SLIDE PLEASE. SO THAT CONCLUDED MY
18 TOUR OF THE HISTORY OF CIRM'S LEGACY TRAINING
19 PROGRAMS, AND NOW WE WOULD LIKE TO BEGIN A
20 DISCUSSION OF HOW WE MIGHT ADAPT THESE PROGRAMS TO
21 SERVE THE NEEDS OF THE PRESENT AND FUTURE IN
22 PROPOSITION 14.

23 WHAT I WOULD LIKE TO DO IS FIRST FOCUS ON
24 BRIDGES BECAUSE THOSE PROGRAMS ARE ENDING
25 IMMINENTLY. I WOULD LIKE TO PRESENT A FEW POINTS TO

BETH C. DRAIN, CA CSR NO. 7152

1 KIND OF TEE UP YOUR DISCUSSION, AND THEN CHAIRMAN
2 J.T. OR DR. MILLAN MAY MODERATE OR ENGAGE YOU IN A
3 DISCUSSION. AND YOU COULD COME BACK TO ME IF THERE
4 ARE QUESTIONS, OF COURSE. AND THEN ONCE YOU'RE
5 SATISFIED WITH THAT DISCUSSION, WE CAN MOVE ON AND
6 DO THE SAME EXERCISE FOR THE TRAINING GRANT PROGRAM.

7 SO TO MITIGATE THE LOSS OF CONTINUITY FOR
8 THESE SUCCESSFUL PIPELINE PROGRAMS, WE'RE PROPOSING
9 TO RELAUNCH BRIDGES AND LATER SPARK WITH
10 IMPROVEMENTS THAT WILL OPTIMALLY ALIGN THE PROGRAMS
11 WITH TODAY'S SCIENTIFIC AND WORKFORCE NEEDS AND
12 PROPOSITION 14 OBJECTIVES. SO WE'RE SEEKING YOUR
13 BOARD INPUT TO INFORM A REVISED CONCEPT AS FOLLOWS.

14 NEXT SLIDE PLEASE. GIVEN THE FACT THAT
15 THIS PROGRAM HAS BEEN VERY WIDELY RECOGNIZED AS
16 SUCCESSFUL AND IMPACTFUL, WE WOULD PROPOSE RETAINING
17 THESE SUCCESSFUL ELEMENTS IN A NEW CONCEPT: OF
18 COURSE, THE HANDS-ON RESEARCH INTERNSHIPS IN WORLD
19 CLASS RESEARCH LABORATORIES AND BIOTECHNOLOGY
20 COMPANIES, THE ADVANCED CULTURE STEM CELL TECHNIQUES
21 TRAINING COURSE THAT PREPARES THESE STUDENTS TO HIT
22 THE GROUND RUNNING WHEN THEY START THEIR RESEARCH
23 INTERNSHIPS, CONTINUED SUPPORT OF RECRUITMENT
24 STRATEGIES TO BROADEN THE PARTICIPATION OF
25 UNDERREPRESENTED POPULATIONS AMONGST THE TRAINEES,

BETH C. DRAIN, CA CSR NO. 7152

1 CONTINUED PARTICIPATION IN THE PATIENT ENGAGEMENT
2 AND COMMUNITY OUTREACH ACTIVITIES THAT WE THINK
3 HELPS PREPARE THEM TO BE ADVOCATES FOR OUR FIELD AND
4 THEIR COMMUNITIES, A REGULATORY COURSE AND CAREER
5 COUNSELING, AND, FINALLY, THE ANNUAL CONFERENCE TO
6 ALLOW THEM TO SHARE THEIR RESEARCH WITH ONE ANOTHER
7 AND NETWORK WITH THEIR PEERS.

8 NEXT SLIDE PLEASE. NOW SOME POSSIBLE
9 IMPROVEMENTS AND OTHER CONSIDERATIONS YOU MIGHT WANT
10 TO CONSIDER: BROADENING THE TYPES OF ALLOWABLE
11 RESEARCH ACTIVITIES THAT THE TRAINEES ARE ABLE TO DO
12 IN THEIR INTERNSHIPS. THIS IS CONSISTENT WITH SOME
13 OF THE DISCUSSION YOU HAD WITH JAMES AROUND CHANGES
14 IN PROP 14. UPDATING THE AWARD AMOUNTS REFLECTS THE
15 CURRENT ECONOMIC SITUATION. AS YOU SAW FROM MY
16 PREVIOUS SLIDE, SOME OF THESE PROGRAMS WERE
17 ORIGINALLY ISSUED THROUGH RFA'S THAT ARE QUITE OLD
18 NOW, AND THE COSTS OF LIVING TODAY HAVE INCREASED A
19 LITTLE BIT. ADDING MORE DIVERSITY, EQUITY, AND
20 INCLUSION PLANS TO BRING THESE IN LINE WITH THE
21 CHANGES WE'VE INTRODUCED IN OUR OTHER PIPELINE
22 PROGRAMS. AND THEN ONE THING TO POSSIBLY CONSIDER
23 IS HOW WE WOULD KEEP THESE PROGRAMS RUNNING IN THE
24 LONGER TERM.

25 SO AS I'VE DISCUSSED, WE'VE HAD EXPERIENCE

BETH C. DRAIN, CA CSR NO. 7152

1 WITH OFFERING PERIODIC RFA'S AND BOARD APPROVED
2 EXTENSIONS. WE'VE HAD EXPERIENCE WITH RUNNING THESE
3 AWARDS FOR THREE-YEAR TERMS OR FIVE-YEAR TERMS. SO
4 THESE ARE THINGS THAT YOU MIGHT HAVE QUESTIONS ABOUT
5 OR MAY WANT TO CONSIDER FURTHER.

6 AND THEN, FINALLY, INCREASING THE REACH OF
7 THE PROGRAM. PRESENTLY WE DO SUPPORT 14 OF THESE
8 PROGRAMS, AND I SHOWED YOU A MAP OF WHERE THEY FALL.
9 IS THIS A SIZE OF PROGRAM THAT YOU'RE COMFORTABLE
10 WITH MOVING FORWARD, OR COULD THERE BE
11 CONSIDERATIONS ABOUT EXPANDING THE TOTAL NUMBER OF
12 PROGRAMS, ALLOWING PEOPLE TO COME IN AND DEVELOP NEW
13 BRIDGES PROGRAMS WITH AN EYE TOWARDS INCREASING
14 ACCESS TO STUDENTS IN DIVERSE PARTS OF THE STATE IN
15 DIVERSE COMMUNITIES?

16 SO THOSE ARE THE POINTS FOR CONSIDERATION
17 THAT WE HAD CONSIDERED INTERNALLY. AND NOW IF MR.
18 CHAIRMAN OR DR. MILLAN OR WHOEVER WOULD LIKE TO TAKE
19 THIS PART, AND THEN WE CAN COME BACK TO ME FOR THE
20 SECOND PART LATER.

21 DR. MILLAN: THANK YOU, KELLY. THE CIRM
22 TEAM WOULD LIKE BRING THIS TO THE BOARD IN FEBRUARY.
23 SO WE'RE TAKING ALL THESE THINGS INTO CONSIDERATION,
24 THE ELEMENTS THAT KELLY HAD PRESENTED. WE REALLY
25 WELCOME FEEDBACK AND YOUR SENSE OF WHETHER THIS IS

BETH C. DRAIN, CA CSR NO. 7152

1 READY TO COME BACK TO YOU IN FEBRUARY WITH A
2 PROPOSED BUDGET.

3 THANK YOU VERY MUCH. AND NOW I'LL TURN IT
4 OVER TO CHAIRMAN THOMAS FOR THE DISCUSSION.

5 CHAIRMAN THOMAS: THANK YOU. JUST AS AN
6 OVERVIEW COMMENT, BOTH OF THESE PROGRAMS HAVE BEEN
7 TREMENDOUS SUCCESSES SINCE INCEPTION. AND ONE OF
8 THE GREAT JOYS OF WORKING WITH CIRM IS TO GET TO GO
9 TO THESE END-OF-YEAR EVENTS THAT DR. SHEPARD
10 REFERENCED WHERE YOU GET A REAL FEEL FOR EXACTLY
11 WHAT HAS BEEN INVOLVED IN THE PROGRAMS AND THE
12 AMOUNT OF LEARNING THAT THE STUDENTS HAVE HAD. IT'S
13 MOST IMPRESSIVE. AND I'M A VERY, VERY STRONG
14 ADVOCATE OF BOTH OF THESE.

15 SHOUT OUT HERE GOES TO SENATOR TORRES FOR
16 HIS INSTRUMENTAL ROLE IN THE PROGRAMS GOING BACK
17 MANY YEARS AND SORT OF HELPING TO DRIVE THEM TO MAKE
18 THEM HAPPEN.

19 SO, LASTLY, BEFORE WE GET TO OTHER
20 COMMENT, TO DR. SHEPARD AS WITH MR. LOMAX, THANK YOU
21 FOR YOUR GREAT WORK IN RUNNING THESE PROGRAMS.
22 THERE'S A TREMENDOUS AMOUNT OF WORK THAT'S INVOLVED,
23 WHETHER IT'S IN NORMAL YEARS OR VIRTUAL YEARS SUCH
24 AS WE'VE JUST HAD. SO YOU'VE REALLY DONE WONDERFUL
25 WORK HERE, AND THE PROOF IS IN THE PUDDING IN THE

BETH C. DRAIN, CA CSR NO. 7152

1 STATS THAT DR. SHEPARD REFERENCED AND ALL OF THE
2 GREAT WORK THAT THESE STUDENTS HAVE DONE. SO WITH
3 THAT, WANTED TO OPEN IT UP TO BOARD COMMENT.

4 MR. TORRES: MR. CHAIRMAN, THESE ARE MY
5 BABIES, BRIDGES AND SPARKS. AND WHEN I FIRST CAME
6 ON BOARD IN 2009, BOB HAD HELPED CREATE THE BRIDGES
7 PROGRAM, AND I WAS IMMEDIATELY ATTRACTED TO IT
8 BECAUSE IT WAS PART OF THE WORK THAT I DID IN THE
9 LEGISLATURE WAS HOW DO WE REACH OUT TO CREATE MORE
10 DIVERSITY IN OUR FUTURE EDUCATIONAL LEADERS. AND
11 CLEARLY THIS WAS A PERFECT OPPORTUNITY TO HELP DO
12 THAT.

13 WHEN I STARTED TALKING TO MEMBERS OF THE
14 LEGISLATURE BACK IN '09 AND THEN TREASURER JOHN
15 CHAING, THEY BECAME TOTAL ADVOCATES FOR US IN
16 RESPECT TO THIS PARTICULAR ELEMENT, THAT WE WERE
17 HELPING TO CREATE FUTURE SCIENTISTS IN RESEARCH THAT
18 WAS SO NEEDED FOR CALIFORNIANS.

19 AND THEN I CREATED THE SPARKS PROGRAM
20 BECAUSE I SAID, HERE, WE HAVE A BRIDGES PROGRAM.
21 WHY DON'T WE LOOK AT THE HIGH SCHOOLS AND SEE WHAT'S
22 OUT THERE. SO MONTY, WHO WAS FORMERLY ON OUR STAFF,
23 REALLY HELPED ME DO THAT. AND, KELLY, I JUST WANT
24 TO THANK YOU AND GEOFF FOR TAKING ON THIS
25 RESPONSIBILITY BECAUSE THE STUDENTS ARE JUST

BETH C. DRAIN, CA CSR NO. 7152

1 OVERWHELMINGLY ENTHUSIASTIC AT OUR SPARKS MEETINGS
2 AND BRIDGES PROGRAMS.

3 AND NOW AS A UC REGENT, IN SHARING THESE
4 PROGRAMS WITH MY FELLOW REGENTS, THEY'RE ASTONISHED
5 AT WHAT WE'VE BEEN ABLE TO ACHIEVE. THEY HAD HEARD
6 OF CIRM, FOR EXAMPLE, IN TERMS OF THE RESEARCH
7 BECAUSE THEY WERE THE BENEFICIARIES OF SO MUCH OF
8 OUR GENEROSITY, BUT THEY DIDN'T REALIZE WHAT WE WERE
9 ALSO DOING FOR STUDENTS AND HOW WE'VE EXPANDED,
10 ESPECIALLY WITH MY FRIEND, WHO'S NOW THE NEW
11 CHANCELLOR AT CALIFORNIA STATE UNIVERSITY SYSTEM,
12 AND CLEARLY WITH OUR NEW PRESIDENT WHO IS AN
13 OPHTHALMOLOGY PROFESSOR AND DOCTOR, DR MICHAEL
14 DRAKE, WHO STUDIED AT CSF, THEY RECOGNIZE THE
15 TREMENDOUS IMPACT THAT THIS IS GOING TO HAVE ON OUR
16 SOCIETY.

17 AND LASTLY, THE CONVERSATIONS THAT WE ARE
18 NOW HAVING WITH MY OLD INSTITUTION, UC SANTA CRUZ,
19 AND MARIA AND I HAVE AND OTHERS ABOUT DEVELOPMENT OF
20 THE PH.D. PROGRAMS AND CANDIDATES IN THE SCHOLARS
21 PROGRAM. THIS IS ALL AN INTEGRAL PART OF LAYING THE
22 FOUNDATION FOR THE FUTURE. SO I'M JUST SO GRATEFUL
23 FOR THE STAFF AND MARIA AND OTHERS THAT HAVE WORKED
24 ON THIS, AND THE CHANCELLORS WHO HAVE BEEN REALLY
25 SUPPORTIVE, SAM HAWGOOD, CINDY LARIVE FROM UC SANTA

BETH C. DRAIN, CA CSR NO. 7152

1 CRUZ, AS WELL AS OUR PRESIDENT DRAKE FROM THE
2 UNIVERSITY OF CALIFORNIA. SO THANK YOU AGAIN, KELLY
3 AND GEOFF, AND THANK YOU AGAIN FOR THIS LEADERSHIP
4 BECAUSE IT IS SO NEEDED AND SO WELL RESPECTED.

5 CHAIRMAN THOMAS: THANK YOU, SENATOR
6 TORRES. OTHER COMMENTS FROM MEMBERS OF THE BOARD?

7 DR. DEAS: YES. I'D LIKE TO JUST ECHO
8 ART'S COMMENTS, THAT THIS IS A TREMENDOUS PROGRAM,
9 BOTH BRIDGES AND SPARK. I HAD THE OPPORTUNITY TO
10 MEET SOME OF THE PARTICIPANTS FROM CAL STATE SAN
11 BERNARDINO. AND I WAS JUST REALLY IMPRESSED WITH
12 THE CANDIDATES OR THE PARTICIPANTS IN THAT PROGRAM
13 AND THE RESEARCH THAT THEY HAD ENGAGED IN THROUGHOUT
14 THEIR TRAINING.

15 I'M VERY MUCH AN ADVOCATE FOR US EXPANDING
16 THE REACH OF THIS PROGRAM. I KNOW WE HAVE SOME AS
17 WAS PRESENTED ABOUT 18 PROGRAMS ALREADY. AND WITH
18 EXPANSION OF THE REACH, ESPECIALLY GIVEN THAT WE ARE
19 ALLOCATING AT LEAST 1.5 BILLION INTO THE
20 NEUROSCIENCE AREA, I'M JUST THINKING THAT, THROUGH
21 THE EXPANSION OF THE REACH, THERE MAY BE PROGRAMS
22 THAT MAY COME ON BOARD WITH OTHER RESEARCH TRAINING
23 AND ACTIVITIES IN VARIOUS AREAS, ESPECIALLY THOSE
24 AREAS THAT HAVE BEEN BROUGHT UNDER THE AUSPICES OF
25 WHAT WE WILL BE FOCUSING ON IN CIRM FOR THE FUTURE.

BETH C. DRAIN, CA CSR NO. 7152

1 I WOULD ALSO LIKE TO SEE US CONSIDER
2 FUNDING THESE PROGRAMS FOR A LONGER PERIOD THAN
3 THREE YEARS. A LOT OF EFFORTS GO INTO IT. AND JUST
4 WHEN THESE PROGRAMS ARE REACHING THEIR MOMENTUM,
5 THEIR STRIDE, ITS FUNDING IS RUNNING OUT. SO TO THE
6 EXTENT THAT WE CAN DO THAT, I THINK THAT WOULD BE
7 REALLY GREAT.

8 CHAIRMAN THOMAS: DR. BRASHEAR, I BELIEVE
9 YOU HAVE A COMMENT.

10 DR. BRASHEAR: SO I THINK THESE ARE REALLY
11 INSPIRING PROGRAMS. AND AS WE WORK TOWARDS PATHWAY
12 PROGRAMS AND DIVERSIFYING THE NUMBER OF STUDENTS AND
13 FUTURE SCIENTISTS IN THIS AREA, I WONDER IF WE HAVE
14 OUTCOME MEASURES FOR THE INDIVIDUALS WHO HAVE BEEN
15 IN THESE DIFFERENT PROGRAMS AND WHAT THEY'RE DOING
16 NOW AND WHAT THEIR FUNDING IS. IF NOT, I THINK THAT
17 WOULD BE A NICE PART TO ADD TO THE STORY.

18 CHAIRMAN THOMAS: DR. SHEPARD, COULD YOU
19 ADDRESS THAT POINT PLEASE?

20 DR. SHEPARD: YES. WE DO HAVE OUTCOME
21 MEASURES, AND AT SOME POINT IN THE FUTURE, IF THE
22 BOARD IS INTERESTED IN HAVING A LITTLE BIT MORE
23 DETAILED PRESENTATION ON THAT, THE PROGRAMS ARE
24 TRACKING THEIR ALUMNI. AND EVERY YEAR WHEN THEY
25 SUBMIT THEIR PROGRESS REPORTS, THEY GIVE US UPDATES.

BETH C. DRAIN, CA CSR NO. 7152

1 SO WHILE WE DON'T HAVE THAT INFORMATION FOR
2 EVERYBODY, WE DO HAVE QUITE A LOT OF INFORMATION ON
3 PEOPLE WHO HAVE BEEN IN THE PROGRAM FOR THE PAST TEN
4 TO ELEVEN YEARS OR SO. I CAN TELL YOU THAT WE KNOW
5 ABOUT SOME OF THE EARLIEST BRIDGES GRADUATES HAVE
6 ALREADY COMPLETED PH.D.'S IN STEM CELL RESEARCH.

7 AND WE ALSO ARE AWARE OF SEVERAL AND THEIR
8 PLACES OF EMPLOYMENT. SO CERTAINLY CAN PROVIDE MORE
9 OF THOSE KIND OF DETAILS WHENEVER THE BOARD IS
10 INTERESTED IN HEARING ABOUT THAT.

11 DR. BRASHEAR: IT WOULD ALSO BE GOOD TO
12 KNOW, FOR EXAMPLE, THE NUMBER OF WOMEN AND OTHER
13 KIND OF PARTS OF THE INDIVIDUALS WHO HAVE BEEN
14 THROUGH THAT. WE ARE TRYING TO GET A MORE DIVERSE
15 PIPELINE INTO THIS AREA.

16 DR. PRIETO: I JUST WANTED TO THANK DR.
17 SHEPARD ALSO FOR THIS PRESENTATION AND SAY THAT THIS
18 IS ONE OF THE THINGS I'M MOST PROUD OF THAT WE'VE
19 DONE DURING MY TENURE AT CIRM. THIS IS REALLY AN
20 INVESTMENT IN THE FUTURE THAT'S GOING TO BEAR FRUIT
21 LONG PAST OUR LIFETIMES. AND I THINK WE COULDN'T DO
22 ANYTHING BETTER THAN THIS.

23 CHAIRMAN THOMAS: HERE. HERE. OTHER
24 COMMENTS FROM MEMBERS OF THE BOARD?

25 DR. DULIEGE: BRIEFLY, ART, I WANTED TO

BETH C. DRAIN, CA CSR NO. 7152

1 CONGRATULATE YOU FOR YOUR VISION, YOU AND THE OTHERS
2 WHO HAVE CONTRIBUTED TO THE FIRST INITIATION, THE
3 FIRST STEPS OF THE BRIDGES/SPARK PROGRAM. AND,
4 KELLY, GREAT PRESENTATION. I'M SURE WE'LL ALL BE
5 SUPPORTIVE OF THAT EFFORT.

6 YOU KNOW, FURTHER TO WHAT ALLISON SAID, I
7 KNOW IN THE FUTURE WE'D LOVE TO SEE A REPORT OF THE
8 DIVERSITY. I WAS GLAD TO SEE THAT A LARGE
9 PROPORTION OF THOSE WHO HAVE BENEFITED FROM THIS
10 PROGRAM ARE FIRST-TIME COLLEGE GRADUATES IN THEIR
11 FAMILIES, WHICH IS REMARKABLE. DO YOU HAVE A SENSE
12 OF OTHER INDICATIONS OF SOCIAL DIVERSITY, WHICH IS
13 SUCH A PART OF OUR FOCUS, MINORITIES, RACIAL
14 MINORITIES, ET CETERA?

15 DR. MILLAN: DR. DULIEGE, IF I MAY RESPOND
16 TO THAT, CHAIRMAN THOMAS?

17 CHAIRMAN THOMAS: SURE.

18 DR. MILLAN: SO, DR. BRASHEAR, IN GENERAL
19 TERMS WE HAVE LOOKED AT, BECAUSE WE HAVE A LIMITED
20 AMOUNT AND WE EXPECT THAT THAT WILL INCREASE WITH
21 DIVERSITY, EQUITY, INCLUSION KIND OF, AS YOU SAY,
22 HARDWIRED INTO OUR SYSTEMS ARE GOING TO INCREASE THE
23 TYPES OF MEASURES WE TRACK. BUT IN TERMS OF
24 MALE/FEMALE RATIOS, WE DID LOOK AT THIS AND IT'S
25 APPROXIMATELY EQUAL. KELLY CAN CORRECT ME.

BETH C. DRAIN, CA CSR NO. 7152

1 IN TERMS OF THE DIVERSITY, WE HAVE SOME
2 INDICATION OF THAT, BUT IT'S NOT AS COMPLETE AN
3 INFORMATION. WHAT WE ARE PROPOSING, OR NOT
4 PROPOSING, BUT PLANNING FOR IN TERMS OF GOING
5 FORWARD WITH OUR OPERATIONS IS GAINING A MORE
6 COMPLETE CAPTURE OF THE DEMOGRAPHICS AND ALL THE
7 APPROPRIATE MEASURES SO THAT WE CAN CONTINUE TO SEE
8 HOW WE DO VERSUS HOW WE DESIGNED THE PROGRAMS.

9 AND THEN IN THE MEANWHILE, MARIA
10 BONNEVILLE HAS BEEN REALLY GREAT ABOUT MAKING SURE
11 WHEN BOARD MEMBERS HAVE AREAS OF SPECIFIC INTEREST,
12 THAT WE CAN BRING OUR TEAM TO DO A DEEPER DIVE ON
13 SOME OF THESE TOPICS. SO WE WELCOME THE OPPORTUNITY
14 TO DO THAT AS WELL.

15 CHAIRMAN THOMAS: OTHER COMMENTS?

16 DR. SANDMEYER: I THINK I'VE JUST GONE
17 BLIND FROM TRYING TO READ JAMES' CHART. I CAN'T
18 FIND WHERE THE EDUCATION PROGRAMS ARE ON THE MONEY
19 CHART. COULD SOMEBODY JUST CLUE ME IN?

20 MR. HARRISON: DR. SANDMEYER, THE
21 EDUCATION PROGRAMS FALL WITHIN THE RESEARCH FUNDING
22 CATEGORY.

23 DR. SANDMEYER: GREAT. THANK YOU.

24 MR. HARRISON: IT WOULD COME OUT OF THE
25 4.7 BILLION.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. SANDMEYER: GOT IT. THANK YOU.

2 CHAIRMAN THOMAS: FURTHER COMMENTS? DR.
3 SHEPARD, PLEASE PROCEED.

4 DR. SHEPARD: COULD I HAVE MY NEXT SLIDE
5 PLEASE. SO NOW WE'RE GOING TO HAVE A SIMILAR
6 CONVERSATION ABOUT OUR RESEARCH TRAINING PROGRAMS.
7 NOW, AS I MENTIONED, THIS PROGRAM HAS NOT BEEN
8 ACTIVE. IT ACTUALLY ENDED BACK IN 2016 OR SO. SO
9 IT HASN'T HAD A CHANCE TO BE REVISED THROUGH OUR 2.0
10 EDITION AS THE BRIDGES AND SPARK AWARDS WERE. SOME
11 OF THE IDEAS I'M PRESENTING TO YOU TODAY ARE TO HELP
12 KIND OF BRING IT IN LINE WITH OUR OTHER TRAINING
13 PROGRAMS, BUT ALSO SOME CONSIDERATIONS ABOUT HOW WE
14 MIGHT MAKE THIS PROGRAM MORE EFFECTIVE GOING
15 FORWARD.

16 SO AS WE ALL KNOW, A GROWING DEMAND FOR
17 REGENERATIVE MEDICINE SOLUTIONS IN CALIFORNIA, AS
18 WELL AS EMERGENCE OF POWERFUL NEW TECHNOLOGIES AS
19 THIS FIELD BEGINS TO MATURE AND AN INCREASED
20 AWARENESS OF THE SOCIETAL DISPARITY THAT WE'VE JUST
21 BEEN DISCUSSING, MERIT THE RELAUNCH OF A RESEARCH
22 TRAINING PROGRAM FOR CREATING A PIPELINE OF FUTURE
23 RESEARCH LEADERS; IN OTHER WORDS, TARGETING
24 PREDOCTORAL, POSTDOCTORAL, AND M.D. LEVEL
25 SCIENTISTS.

BETH C. DRAIN, CA CSR NO. 7152

1 IN ADDITION, COVID-19 HAS HAD AN EXTREMELY
2 DETRIMENTAL IMPACT ON RESEARCHERS AND TRAINING AT
3 ALL LEVELS OF THEIR CAREER TRAJECTORY, AND THIS IS
4 EVEN MORE NOTICEABLE IN THOSE TRAINEES WHO ARE
5 LOOKING FOR THEIR NEXT JOB AS SOON AS THEIR TRAINING
6 IS COMPLETE.

7 SO WE BELIEVE CIRM COULD ADDRESS THESE
8 CHALLENGES BY ADAPTING AND MODERNIZING THE FRAMEWORK
9 THAT WE HAD ESTABLISHED THROUGH OUR RESEARCH
10 TRAINING PROGRAM MODEL, AND WE ARE SEEKING YOUR
11 BOARD DISCUSSION AND INPUT TO INFORM A REVISED
12 RESEARCH TRAINING CONCEPT AS FOLLOWS. NEXT SLIDE
13 PLEASE.

14 SO GIVEN THE SUCCESS AND IMPACT OF THE
15 PREVIOUS CIRM SCHOLARS PROGRAM, WE WOULD PROPOSE
16 RETAINING THESE SUCCESSFUL ELEMENTS. FIRST OF ALL,
17 THE REQUIREMENT TO PROVIDE A SINGLE INTEGRATED
18 PROGRAM THAT DRAWS ON THE EXPERTISE OF THE GRANTEE
19 FACULTY, ITS OWN FACULTY, AND IS APPROPRIATE TO THE
20 TARGETED LEVEL OF TRAINING; DELIVERY OF WHATEVER OF
21 THEIR APPROPRIATE COURSEWORK AND PROGRAM
22 ENHANCEMENTS THAT THEY'VE DEVELOPED TO SUPPORT THE
23 TRAINEES; STIPENDS TO SUPPORT SUSTAINED, MENTORED
24 RESEARCH FELLOWSHIPS FOR THESE TRAINEES; PROVIDING A
25 RESEARCH AND TRAVEL ALLOWANCE FOR TRAINEES; AND THEN

BETH C. DRAIN, CA CSR NO. 7152

1 CONTINUING TO PROMOTE EFFORTS TO BROADEN THE
2 PARTICIPATION OF UNDERREPRESENTED POPULATIONS
3 AMONGST THE TRAINEES. NEXT SLIDE PLEASE.

4 NOW, BECAUSE WE'RE COMING FROM AN OLDER
5 PROGRAM, I ACTUALLY HAVE TWO SLIDES TO GO THROUGH.
6 THE FIRST IS WHAT INTERNALLY WE WOULD PROPOSE AS PER
7 IMPROVEMENTS AND ADDITIONS TO THE PROGRAM. SO TO
8 BRING THIS IN LINE WITH WHAT I'VE DESCRIBED FOR
9 BRIDGES AND SPARK, WE WOULD LIKE TO PROPOSE ADDING
10 SOME ACTIVITIES WHERE TRAINEES HAVE AN OPPORTUNITY
11 TO INTERACT DIRECTLY WITH PATIENTS AS WELL AS
12 COMMUNITY OUTREACH ACTIVITIES TO HELP THEM GAIN
13 SENSITIVITY AND AWARENESS OF DIFFERENCES AND
14 DISPARITIES AMONGST OUR COMMUNITIES AND TO HELP
15 EDUCATE AND CREATE STEM CELL ADVOCATES, ADDING THE
16 DIVERSITY, EQUITY, AND INCLUSION PLANS THAT WE'VE
17 ALREADY DISCUSSED.

18 WE MIGHT ENCOURAGE A SPECIALTY COURSE
19 REQUIREMENT THAT'S RELATED TO REGENERATIVE MEDICINE
20 TO COMPLEMENT THE TRAINEES' EXISTING EXPERTISE. FOR
21 EXAMPLE, SINCE THESE ARE POSTDOCTORAL FELLOWS IN
22 MANY CASES, THEY ALREADY MAY HAVE AN EXPERTISE IN A
23 SPECIFIC FIELD, STEM CELL BIOLOGY, BIOINFORMATICS,
24 ET CETERA. IT MAY BE NICE OR A GOOD IDEA TO HAVE
25 THEM TAKE AN ADDITIONAL COURSE TO KIND OF COMPLEMENT

BETH C. DRAIN, CA CSR NO. 7152

1 THEM, PERHAPS IN DATA SCIENCE OR SOMETHING ELSE THAT
2 THE TRAINING PROGRAM MIGHT FEEL IMPORTANT TO CREATE
3 THAT CIRM TRAINING EXPERIENCE IN THEIR OWN PROGRAMS.

4 WE COULD ESTABLISH GUIDELINES FOR THE
5 APPOINTMENT DURATION. IN OUR PREVIOUS PROGRAM,
6 THERE WERE APPOINTMENT PERIODS. THIS IS WHEN THE
7 TRAINEES ARE IN THE LAB DOING THEIR MENTORED
8 RESEARCH OF MINIMALLY 12 MONTHS, BUT WE COULD TRIPLE
9 THOSE GUIDELINES TO ENSURE THAT PREDOCTORAL STUDENTS
10 RECEIVE SUPPORT FOR 36 MONTHS, FOR EXAMPLE. THAT'S
11 MOST APPROPRIATE. OR POSTDOCTORAL AND THE M.D.
12 STAGE FOR 24 MONTHS, ET CETERA.

13 WE WOULD PROPOSE HAVING M.D.'S INCLUDED IN
14 THIS PROGRAM, M.D.'S AT ANY LEVEL WITHIN THE
15 POST-DOC CATEGORY. PREVIOUSLY IT WAS TARGETED AT
16 CLINICAL FELLOWS, WHICH ARE AT THE RESIDENCY STAGE,
17 BUT WE'D LIKE TO OPEN IT UP MORE BROADLY TO ANYONE
18 WITH AN M.D. TO BE IN THESE PROGRAMS.

19 AND THEN, AGAIN, THIS RFA WAS LAST OFFERED
20 IN 2009, SO WE WOULD NEED TO RECALIBRATE THE AWARD
21 BUDGETS TO BETTER REFLECT THE PRESENT COST OF
22 OPERATIONS. MY LAST SLIDE PLEASE.

23 NOW, OTHER THINGS THAT ARE PROBABLY
24 IMPORTANT TO CONSIDER IN THIS RELAUNCH IS THE
25 TIMING. WE'RE STARTING FROM SCRATCH, WELL, NOT

BETH C. DRAIN, CA CSR NO. 7152

1 SCRATCH, WE'RE STARTING FROM MODIFYING A PREVIOUS
2 CONCEPT. BUT WHEN IS THE IDEAL TIME TO OFFER THIS
3 RFA, THE URGENCY AND TIMING AND THE POTENTIAL TO
4 COUNTERACT COVID 19 HARDSHIPS FACED BY INSTITUTIONS?

5 AND THEN ANOTHER THING THAT YOU MAY BE
6 INTERESTED IN DISCUSSING IS RELATED TO THE TIMING.
7 WHAT IS THE DESIRED SCALE OF THE PROGRAM FOR THE
8 PRESENT NEEDS AS WELL AS MAYBE CONSIDERATIONS OF THE
9 FUTURE NEEDS. BY SCALE OF PROGRAM, I'M REFERRING TO
10 THE NUMBER OF GRANTS TO BE AWARDED, THE SIZE OF THE
11 AWARDS, THE DURATIONS OF THE AWARDS.

12 SO OUR PREVIOUS PROGRAM SUPPORTED 17 OR 18
13 GRANTS, AND THESE GRANTS WERE ALL OF DIFFERENT AWARD
14 SIZES. THERE WERE LARGE GRANTS THAT SUPPORTED UP TO
15 TRAINEES A YEAR, AND THERE WERE SMALLER PROGRAMS
16 THAT WERE ABLE TO SUPPORT UP TO FIVE TRAINEES A
17 YEAR. AND THERE ARE ACTUALLY MANY MORE INSTITUTIONS
18 AROUND THE STATE THAN THESE 17 OR 18 THAT COULD
19 THEORETICALLY DEVELOP AND APPLY FOR A NEW TRAINING
20 GRANT PROGRAM. SO IT COULD GET LARGE, OR IT COULD
21 BE A TARGETED SIZE, AND IT DEPENDS ON HOW THE BOARD
22 WOULD LIKE TO SEE THIS DEVELOP.

23 ONE WAY OF CONSTRUCTING THESE AWARDS IS TO
24 OFFER A FIXED AWARD AMOUNT TO EACH PROGRAM, WHICH
25 COULD ALLOW MAXIMUM LEEWAY WITHIN THOSE PROGRAMS FOR

BETH C. DRAIN, CA CSR NO. 7152

1 THE NUMBER OF TRAINEES THEY APPOINT DEPENDING ON
2 STRENGTH AND NEEDS OF THEIR OWN INSTITUTION. SO
3 THAT'S SOMETHING TO CONSIDER AS WELL AS WHAT WOULD
4 BE THE IDEAL DURATION. THIS IS SIMILAR TO WHAT YOU
5 JUST DISCUSSED ABOUT THE BRIDGES PROGRAM. GIVEN THE
6 BOUNDS BETWEEN SUSTAINING AN INFRASTRUCTURE LONG
7 TERM VERSUS GIVING NEW INSTITUTIONS AN OPPORTUNITY
8 TO APPLY OR EXISTING PROGRAMS TO PROPOSE
9 MODIFICATIONS OVER TIME IF A SIGNIFICANT ENOUGH
10 MODIFICATION WOULD MERIT A NEW GRANTS WORKING GROUP
11 REVIEW.

12 SO JUST AS A REMINDER, THE PREVIOUS AWARDS
13 WERE THREE YEARS IN DURATION, BUT THEY WERE RENEWED
14 BY THE RFA FOR AN ADDITIONAL THREE YEARS AND THEN A
15 BOARD APPROVED EXTENSION FOR THREE YEARS. SO THEY
16 WERE FUNCTIONING NINE YEARS IN TOTAL.

17 AND THAT CONCLUDES MY POINTS FOR
18 CONSIDERATION. AND THANK YOU VERY MUCH. I'LL BE ON
19 STANDBY IF ANYBODY HAS ANY QUESTIONS THEY WOULD LIKE
20 TO DIRECT TO MY ATTENTION.

21 DR. MILLAN: THANK YOU, KELLY. SO THIS
22 PROGRAM HASN'T BEEN ACTIVE RECENTLY. THE PROPOSALS
23 OUT THERE ARE TO GET IT UP TO DATE AND ALSO PROVIDE
24 FOR ADJUSTMENTS TO THE PROGRAM. THE QUESTION WE
25 HAVE FOR THE BOARD IS, LOOKING AT WHAT YOU SEE

BETH C. DRAIN, CA CSR NO. 7152

1 TODAY, WOULD YOU BE READY TO CONSIDER THIS FOR THE
2 FEBRUARY BOARD MEETING? TIMELINEWISE, WORKING WITH
3 THE TEAM, I THINK FEASIBLY WE ARE THINKING ABOUT A
4 LATE SUMMER REVIEW. SO FROM THOSE OF THE BOARD
5 MEMBERS WHO ARE AT THE UNIVERSITIES, WHAT DOES THAT
6 MEAN FROM KIND OF THE OPERATIONS PART? IF WE
7 LAUNCHED THIS AND TRIED TO GET THIS GOING, WOULD IT
8 BE IMPACTFUL FOR YOU IN YOUR PLANNING AND HOW YOU
9 CONSIDER THIS IN YOUR OWN INSTITUTIONS SHOULD YOUR
10 INSTITUTION RECEIVE ONE OF THESE TRAINING AWARDS?

11 SO WITH THAT, CHAIRMAN THOMAS, I TURN IT
12 BACK TO YOU FOR THE DISCUSSION.

13 CHAIRMAN THOMAS: ARE THERE COMMENTS? I
14 KNOW WE'VE HAD SOME EARLIER COMMENTS DEALING WITH
15 THE TRAINING GRANT ISSUE EARLIER THIS MORNING. ARE
16 THERE COMMENTS NOW ON THIS PROGRAM HERE AS DR.
17 SHEPARD HAS LAID IT OUT?

18 DR. BLUMENTHAL: I THINK THIS IS A GREAT
19 PROGRAM. AND I REALLY AM EXCITED AT THE POSSIBILITY
20 OF RELAUNCHING IT. I THINK IT COULD REALLY
21 ACCOMPLISH A LOT.

22 I GUESS I WOULD JUST MAKE TWO ADDITIONAL
23 COMMENTS. ONE IS I WANT TO REITERATE SOMETHING THAT
24 ALLISON SAID EARLIER ABOUT THE OTHER EDUCATION
25 PROGRAMS. IT'S IMPORTANT TO HAVE ACCOUNTABILITY

BETH C. DRAIN, CA CSR NO. 7152

1 MEASURES AT THE END OF THE DAY. THIS PROGRAM, IT
2 COULD BE DIVERSITY MEASURES, IT COULD BE NUMBER OF
3 PAPERS WRITTEN, IT COULD BE SOME MEASURE OF WHERE
4 THESE PEOPLE GO ON AFTERWARDS. I THINK IT'S REALLY
5 IMPORTANT TO HAVE THAT.

6 MY OTHER COMMENT CONCERNS THE ISSUE OF A
7 FIXED AWARD AMOUNT. I AM SOMEWHAT CONCERNED THAT IF
8 WE FIX THE AWARD AMOUNT TO EACH PROGRAM, SOME
9 PROGRAMS ARE LARGER THAN OTHERS AND CAN ACCOMMODATE
10 MORE POTENTIAL TRAINEES. SO I'D REALLY LIKE TO
11 UNDERSTAND BETTER THE REASONING BEHIND THE IDEA OF A
12 FIXED AWARD AMOUNT BEFORE I COULD REALLY ENDORSE
13 THAT IDEA. OTHER THAN THAT, I THINK IT'S A REALLY
14 GREAT IDEA.

15 DR. MILLAN: CHAIRMAN THOMAS, WOULD YOU
16 LIKE ME TO ADDRESS THE QUESTION ABOUT THE FIXED
17 AWARD AMOUNT?

18 CHAIRMAN THOMAS: PLEASE.

19 DR. MILLAN: THE IDEA OF A FIXED AWARD
20 AMOUNT IS IT WOULD BE AN UP-TO AMOUNT. IN THE PAST,
21 DR. SHEPARD AND DR. SAMBRANO, WHO'S ALSO ON THIS
22 CALL, WERE ACTUALLY DIRECTLY INVOLVED IN THESE
23 PROGRAMS. IN THE PAST WITH THESE TRAININGS, WHAT
24 HAPPENED IS THAT THE GRANTEES -- THE APPLICANTS WERE
25 ASKED TO DO A SOMEWHAT CALCULATION OF WHETHER THEY

BETH C. DRAIN, CA CSR NO. 7152

1 HAD A MEDICAL SCHOOL OR NOT AND IF THEY WERE A PURE
2 RESEARCH INSTITUTION. AND THEN BASED ON THAT, THERE
3 WAS KIND OF BUDGET CALCULATIONS. AND IT BECAME KIND
4 OF A MOVING TARGET AT TIMES. IT WAS TOUGH IN SOME
5 INSTITUTIONS TO GUARANTEE THAT THEY'LL HAVE EXACT
6 AMOUNT OF M.D.'S VERSUS PH.D.'S IN A GIVEN YEAR
7 BECAUSE, AS WE KNOW, IN AN ACADEMIC INSTITUTION,
8 DEPENDING ON WHAT TYPE OF RESEARCH IS BEING DONE AND
9 THE TRAINEES THAT ARE AVAILABLE, IT MAY VARY.

10 SO INTENT BEHIND HAVING AN AWARD AMOUNT
11 THAT WOULD BE AVAILABLE TO ALL INSTITUTIONS IS IT
12 WOULD NOT MAKE ANY ASSUMPTIONS, FOR INSTANCE, THAT A
13 PURELY RESEARCH INSTITUTION THAT DOES NOT HAVE A
14 MEDICAL SCHOOL, FOR INSTANCE, IT DOESN'T MAKE THE
15 ASSUMPTION THAT THEY WOULD NOT BE ABLE TO GET M.D.'S
16 INTO THE LABS. SO THEY COULD ANTICIPATE FOR OR
17 RECRUIT FOR THAT AND HAVE THAT ABILITY. THAT'S THE
18 FIRST CASE OF THAT.

19 THE SECOND POINT OF THAT IS THAT COULD
20 PROMOTE KIND OF CROSS-INSTITUTION COLLABORATIONS
21 AMONG LABS THAT BRING SOME CLINICAL TO THE BASIC
22 SCIENCE AND VICE VERSA. SO THAT'S THE IDEA. IT'S
23 AN UP-TO AMOUNT. IT WOULD NOT BE PRESCRIPTIVE.
24 IT'S NOT INTENDED TO SAY THAT IF YOU CAN'T FILL UP,
25 YOU CAN'T USE THIS FULL AMOUNT, BUT YOU WOULD NOT BE

BETH C. DRAIN, CA CSR NO. 7152

1 AS COMPETITIVE FOR THE AWARD. I HOPE THAT
2 CLARIFIES. I'M HAPPY TO TAKE ANY OTHER QUESTIONS.
3 AS I SAID, GIL SAMBRANO, WHO MANAGED THIS VERY
4 DIRECTLY, IS ALSO ON THIS LINE.

5 DR. BLUMENTHAL: THANK YOU. THAT'S A GOOD
6 ANSWER TO THE QUESTION.

7 CHAIRMAN THOMAS: ADDITIONAL COMMENTS?

8 DR. GOLDSTEIN: I JUST WANT TO SAY THAT
9 OUR EXPERIENCE WITH TRAINEES SUPPORTED BY THIS
10 MECHANISM WAS GENERALLY REALLY TERRIFIC. AND
11 BUNDLING THE M.D./CLINICAL FELLOWS TOGETHER WITH THE
12 GRADUATE STUDENTS AND POST DOCS IN COURSEWORK AND IN
13 TRAINING ACTIVITIES DID A LOT TO EXPOSE THOSE M.D.'S
14 TO SCIENCE AND GRADUATE STUDENTS AND POST DOCS TO
15 MEDICINE. I LIKE THE IDEA OF EXPANDING THAT IN THE
16 WAY YOU'VE SUGGESTED.

17 AND I JUST WANT TO MAKE A FINAL
18 SUGGESTION. WITH NIH TRAINING GRANTS AT LEAST, ONE
19 OF THE WAYS THAT IS USED TO DECIDE HOW BIG THE AWARD
20 SHOULD BE AND HOW MANY TRAINEES THEY SHOULD HAVE IS
21 DOCUMENTATION OF THE TRAINEE EXPERIENCE OF THE
22 INSTITUTION AND THE SIZE OF THE PROGRAMS AND THE
23 QUALITY OF THE STUDENTS. THAT'S A VERY
24 STRAIGHTFORWARD WAY OF DOING AT LEAST THE GRADUATE
25 STUDENT PART OF THIS AND PROBABLY ADAPTABLE FOR THE

BETH C. DRAIN, CA CSR NO. 7152

1 POST-DOCS AS WELL.

2 CHAIRMAN THOMAS: THANK YOU, DR.
3 GOLDSTEIN. OTHER COMMENTS?

4 SO I HAVE A QUESTION WHICH IS, IN NOTING
5 THAT THERE ARE CONSIDERATIONS TO BRING THE PROGRAM
6 UP TO CURRENT DAY, REFLECTIVE OF VARIOUS CONDITIONS
7 AS WELL AS THE OTHER CONSIDERATIONS THAT YOU SET
8 FORTH HERE, DO WE HAVE THE BENEFIT OF -- OR LET ME
9 REPHRASE THAT. IS THIS INFORMED IN PART BY INPUT
10 FROM EXISTING PROGRAM RECORDS, AND DO WE HAVE
11 OPPORTUNITY TO CANVASS THEM TO GET THEIR THOUGHTS ON
12 HOW ONE MIGHT IMPROVE THINGS?

13 DR. MILLAN: SO WE'VE BEEN RECEIVING
14 CONTINUAL KIND OF FEEDBACK FROM VARIOUS, NOT THE
15 OPERATIONAL ADMINISTRATORS OF THE PROGRAM
16 THEMSELVES, BUT FROM THE USERS OF THE PROGRAM AND
17 THE LEADERS OF THE INSTITUTIONS WHO HAVE HOSTED
18 THESE PROGRAMS. SO THAT'S WHERE WE'VE BEEN
19 CONTINUALLY RECEIVING INPUT.

20 THE PROGRAM DIRECTORS, WE CERTAINLY COULD
21 REACH OUT TO THEM. THE QUESTION IS -- AND WE CAN
22 HAVE A MORE EXTENSIVE TIME PERIOD TO DEVELOP THIS
23 CONCEPT. THE CONSIDERATIONS THAT DR. SHEPARD PUT
24 FORWARD IS THAT WE HEARD FROM AND SEEN IN
25 PUBLICATIONS THAT THE COVID PANDEMIC HAD IMPACTED

BETH C. DRAIN, CA CSR NO. 7152

1 THE ABILITY OF THESE TRAINEES TO GAIN INTERNSHIPS IN
2 RESEARCH POSITIONS, AND MANY OF THOSE HAVE BEEN
3 CANCELED. AND SO WE THOUGHT THAT AT THIS TIME
4 PERIOD DURING THE REBUILD THAT IT WOULD BE CRITICAL
5 THAT WE MADE SURE THAT WE PROVIDED THIS OPPORTUNITY
6 FOR REGENERATIVE MEDICINE PROGRAMS TO BRING IN
7 TRAINEES.

8 AND SO IT'S REALLY, I THINK, WHAT YOU'RE
9 POINTING TO IS TIMING. IF YOU THINK THAT WE SHOULD
10 DO A MORE FORMAL KIND OF AUDIT OF THE PREVIOUS
11 INSTITUTIONS WHICH BY THE WAY, HAVE NOT BEEN ACTIVE
12 IN YEARS, SO I DON'T EVEN KNOW IF THOSE PROGRAM
13 DIRECTORS ARE STILL THERE, BUT, YEAH, WE COULD DO
14 THAT. I THINK WHAT WE'RE TRYING TO SEEK FROM THE
15 BOARD IS IS IT YOUR SENSE AS LEADERS WITHIN THESE
16 RESEARCH INSTITUTIONS THAT THERE IS A NEED FOR THIS
17 NOW BECAUSE IT IF THERE'S NO URGENT NEED FOR A LOT
18 OF REASONS, WE CAN TAKE MORE TIME TO DEVELOP THIS
19 AND MAYBE ADD MORE TO IT. BUT WE DO BELIEVE IT'S IN
20 A VERY GOOD STATE, AND THE PROPOSALS WE'RE BRINGING
21 FORWARD WOULD ALLOW THE STRONGEST PROPOSALS TO COME
22 IN BECAUSE, AFTER ALL, AS YOU KNOW, IT'S UP TO THE
23 APPLICANTS TO ACTUALLY BRING FORWARD THEIR STRONGEST
24 PLANS AND TO MAKE THE CASE FOR WHY THEIR INSTITUTION
25 WOULD BE VERY WELL POSITIONED AND WELL SUITED TO

BETH C. DRAIN, CA CSR NO. 7152

1 PROVIDE THIS RESEARCH OPPORTUNITY. AND THEY WOULD
2 BE THE ONES THAT PROVIDED THE FACULTY WHO WOULD HOST
3 THESE STUDENTS AND THE RESEARCH PROJECTS.

4 SO NONE OF THAT WOULD BE INFORMED ANY
5 FURTHER BECAUSE THAT WOULD COME IN VIA THE
6 APPLICATION AND THE REVIEW.

7 SO I'LL LEAVE IT AT THAT. WE REALLY
8 WELCOME THE BOARD'S DIRECTION IN TERMS OF TIMING FOR
9 THIS.

10 CHAIRMAN THOMAS: SO ARE THERE OTHER
11 COMMENTS FROM MEMBERS OF THE BOARD, PARTICULARLY
12 THOSE FROM INSTITUTIONS THAT HAVE BENEFITED FROM THE
13 TRAINING GRANT PROGRAM IN THE PAST?

14 DR. SANDMEYER: I SECOND THE SENTIMENTS OF
15 THE CHAT FROM DAVIS, THAT I THINK IT WOULD BE A VERY
16 EXCITING PROGRAM. WASN'T CLEAR TO ME IF ALL THE
17 PROGRAMS WOULD HAVE TO ROLL OUT AGAIN. I THINK,
18 MARIA, YOU CONCENTRATED MOSTLY ON THIS RESEARCH
19 TRAINING ONE THAT IS THE LAST ONE THAT WAS
20 DISCUSSED, BUT I THINK THERE'S ABSOLUTELY A NEED FOR
21 THIS GIVEN THE IMPACT OF COVID ON TRAINING, MORALE,
22 ABILITY TO GET JOBS MOVING ON.

23 BUT YOU MENTIONED LATE SUMMER REVIEW TIME
24 FRAME. SO DOES THE STAFF -- I ASSUME YOU HAVE SOME
25 KIND OF A TIMELINE IN PLACE FOR HOW LONG IT WOULD

BETH C. DRAIN, CA CSR NO. 7152

1 TAKE TO ACTUALLY DRAFT THE RFA AND THEN PUT IT OUT
2 FOR PLACES TO HAVE TIME TO FORMULATE THEIR PLANS.

3 DR. MILLAN: DR. SANDMEYER, WE HAD MODELED
4 THIS OUT, THE LEADERSHIP TEAM. AND THEN THE
5 CONVERSATION LED BY DR. GIL SAMBRANO, WHO IS THE
6 HEAD OF REVIEW, AND HE THOUGHT THAT, OF COURSE,
7 EVERYTHING WE ARE PROPOSING TODAY IS ON AN
8 AGGRESSIVE TIMELINE, BUT WHAT WE DID WAS A
9 FEASIBILITY EVALUATION IN TERMS OF ALL THE STEPS
10 THAT NEEDED TO BE IN PLACE, AND IT WASN'T JUST
11 REVIEW, ALL THE OPERATIONAL COMPONENTS OF OUR
12 ORGANIZATION, AND WE BELIEVE THAT IT'S DOABLE WITH
13 ALL THE STEPS PRECEDING THE REVIEW TO HAVE THE
14 REVIEW BY LATE SUMMER, JULY, AUGUST.

15 THE QUESTION IS IS THAT IMPACTFUL FOR THE
16 ACADEMIC PROGRAMS, WHICH WOULD BE THE GRANTEEES OF
17 THESE RESEARCH TRAINING AWARDS? WOULD THAT HELP YOU
18 IN ADDRESSING THE NEED SUCH AS THAT WHICH WAS
19 IMPOSED BY THE COVID CRISIS IF WE ARE LIMITED TO
20 DOING THIS AT THE EARLIEST LATE SUMMER? THAT'S THE;
21 QUESTION. WE WANT TO BE ABLE TO OFFER IT AT SOME
22 POINT, BUT THE QUESTION IS TIMING. SO BECAUSE
23 CHAIRMAN THOMAS HAD ASKED DOES THIS NEED MORE
24 DEVELOPMENT, WE BELIEVE THIS IS A STRONG PROPOSAL,
25 BUT WE CERTAINLY COULD TAKE MORE TIME TO JUST RUN IT

BETH C. DRAIN, CA CSR NO. 7152

1 THROUGH ADDITIONAL STAKEHOLDERS AND INPUT. IF YOU
2 DON'T FEEL THAT IT WOULD BE IMPACTFUL WITH THE TYPE
3 OF TIMELINE WE ARE TALKING ABOUT, WHICH IS NOT
4 FUNDING UNTIL LATE SUMMER, EARLY FALL.

5 DR. SANDMEYER: I DON'T THINK THAT THAT'S
6 TOO LATE TO AVOID THE IMPACTS OF COVID. I'M JUST
7 CONCERNED THAT PLACES HAVE TIME TO FORMULATE CAREFUL
8 PLANS GIVEN THAT YOU'VE DONE A LOT OF LAYING THE
9 GROUNDWORK. WILL INSTITUTIONS HAVE AN APPROPRIATE
10 AMOUNT OF TIME? THAT'S ALL. I THINK THE TIMING
11 LATE SUMMER SEEMS REASONABLE.

12 DR. MILLAN: I BELIEVE GIL BUILT INTO
13 THAT. GIL IS ON THE LINE, BUT I THINK WE BUILT A
14 THREE- TO FOUR-MONTH -- I'M SORRY -- ABOUT A THREE-
15 TO FOUR --

16 DR. MELMED: MARIA, I THINK IT'S VERY
17 IMPORTANT THAT WE ALL RECOGNIZE THAT INTERVIEWS ARE
18 VERY DIFFICULT.

19 DR. MILLAN: WE CAN'T HEAR YOU, DR.
20 MELMED. I'M SORRY. YOU'RE CUTTING IN AND OUT.

21 DR. MELMED: CAN YOU HEAR ME NOW? CAN YOU
22 HEAR ME NOW?

23 DR. MILLAN: YES.

24 DR. MELMED: I'M JUST SAYING THAT
25 INTERVIEWS ARE VERY DIFFICULT NOW ANYWAY. SO I

BETH C. DRAIN, CA CSR NO. 7152

1 THINK THREE OR FOUR MONTHS DELAY WHILE WE BECOME
2 MORE GRANULAR IN OUR RECOMMENDATIONS I THINK WOULD
3 BE HELPFUL BECAUSE CANDIDATES ARE VERY, VERY
4 RELUCTANT TO TRAVEL FOR INTERVIEWS ANYWAY. SO
5 HAVING A DELAY TILL THE SUMMER, I THINK, IS NOT
6 GOING TO BE IN ANY WAY DETRIMENTAL.

7 DR. MILLAN: SO, DR. MELMED, JUST TO
8 RESTATE TO MAKE SURE THAT WE'RE HEARING IT, THAT IF
9 WE DIDN'T LAUNCH A PROGRAM ANNOUNCEMENT THAT WE
10 OPENED UP IN MAYBE EARLY Q2 WITH SOMETHING LEADING
11 TO A REVIEW BY LATE SUMMER, SAY, AUGUST, AND THEN
12 THE SUCCESSFUL GRANTEES WOULD HAVE THE ABILITY TO
13 START THIS PROGRAM IN THE FALL, I'M HEARING FROM YOU
14 THAT YOU THINK THAT THAT WOULD STILL WORK OUT WITH
15 THE TIMELINES REGARDING WHAT YOU ON THE INSTITUTION
16 SIDE HAVE TO GO THROUGH WITH YOUR POTENTIAL TRAINEES
17 AS WELL.

18 DR. MELMED: YES. YES.

19 DR. MILLAN: THANK YOU.

20 DR. MELMED: IT'S GOING TO TAKE MANY
21 MONTHS.

22 DR. GASSON: I'D LIKE TO SECOND WHAT DR.
23 MELMED SAID. AND I WOULD ALSO LIKE TO ECHO THE
24 DESIRE TO SEE SOME OUTCOME DATA ON THIS PROGRAM. WE
25 GOT SOME DATA ON THE BRIDGES AND THE SPARK PROGRAM,

BETH C. DRAIN, CA CSR NO. 7152

1 BUT IT WOULD BE GREAT TO HEAR FROM THE INSTITUTIONS
2 THEMSELVES. I KNOW THAT UCLA WAS ONE OF THE
3 INSTITUTIONS THAT REALLY BENEFITED FROM THIS
4 PROGRAM, AND WE'D REALLY WELCOME IT TO COME BACK.
5 BUT I THINK HAVING A LITTLE BIT MORE TIME TO GATHER
6 A LITTLE BIT MORE DATA WOULD BE WELL SPENT. AND
7 CERTAINLY HAVING THE FUNDING AVAILABLE IN THE FALL
8 WOULD WORK OUT JUST FINE. THANK YOU.

9 DR. MILLAN: DR. GASSON -- I'M SORRY,
10 CHAIRMAN THOMAS. IS IT OKAY IF I JUST FOLLOW UP ON
11 THAT?

12 CHAIRMAN THOMAS: PLEASE.

13 DR. MILLAN: DR. GASSON, JUST FOR KIND OF
14 THE NEXT STEPS, WE ARE PROPOSING TO BRING THIS
15 CONCEPT PROPOSAL TO YOU, TO THE BOARD, IN FEBRUARY,
16 NEXT MONTH, FOR APPROVAL SO THAT WE CAN GET ALL
17 THESE PIECES IN PLACE. THE DATA OUTCOME MEASURES
18 THAT YOU'RE REQUESTING, WOULD YOU LIKE THAT TO BE IN
19 PLACE BEFORE WE BRING THE CONCEPT PROPOSAL TO THE
20 BOARD?

21 DR. GASSON: YES, I THINK SO.

22 DR. MILLAN: OKAY. SO I'LL WORK WITH THE
23 TEAM TO DETERMINE HOW DEVELOPED THAT COULD BE, OR
24 HOW WELL DEVELOPED THE DATA CAPTURE WAS ON THAT.
25 AND WHAT WE WILL PLAN TO DO, THEN, IF THE BOARD

BETH C. DRAIN, CA CSR NO. 7152

1 AGREES -- CHAIRMAN THOMAS, I'LL HAND IT BACK TO YOU
2 TO DISCUSS THAT -- IS BRING A CONCEPT PROPOSAL NEXT
3 MONTH ALONG WITH WHATEVER DATA WE CAN GATHER SO THAT
4 THE BOARD CAN MAKE THE FINAL DETERMINATION NEXT
5 MONTH IF THEY FEEL COMFORTABLE WITH APPROVING THE
6 CONCEPT THAT WE BRING TO YOU NEXT MONTH ALONG WITH A
7 PROPOSED BUDGET.

8 CHAIRMAN THOMAS: DR. MILLAN, GIVEN THE
9 DATA CAPTURE REQUEST DR. GASSON AND OTHER COMMENTS
10 FROM INTEGRATING IN THE RESULTS AND THOUGHTS FROM
11 PREVIOUS AWARDEES ON THIS, DOES THAT GIVE YOU ENOUGH
12 TIME TO BE ABLE TO BRING THE CONCEPT PLAN IN
13 FEBRUARY?

14 DR. MILLAN: WHAT WE WOULD BE ABLE TO DO
15 IS BRING A MORE FULL CONCEPT PLAN WITH WHATEVER
16 INPUT WE HAVE AT THE TIME, AND THE BOARD WOULD LET
17 US KNOW WHETHER THEY FELT THAT THAT WAS ENOUGH
18 INFORMATION. IF IT'S NOT ENOUGH INFORMATION, THEN
19 WHAT WILL HAPPEN PROBABLY IS THAT WE WOULD DELAY THE
20 RELAUNCH OF THIS SO IT WOULDN'T IMPACT UNTIL THE
21 NEXT ACADEMIC YEAR.

22 CHAIRMAN THOMAS: FURTHER COMMENTS FROM
23 MEMBERS OF THE BOARD?

24 DR. MARTIN: I'VE HAD IN THE LAST 20
25 MINUTES AN AMAZING DEJA VU EXPERIENCE. AND THAT IS

BETH C. DRAIN, CA CSR NO. 7152

1 A LONG TIME AGO, A LITTLE MORE THAN 55 YEARS AGO,
2 THERE WAS A TRAINING PROGRAM AT DUKE WHEN I WAS A
3 MEDICAL STUDENT. AND THIS WAS NATIONAL SCIENCE
4 FOUNDATION FUNDED FOR EIGHT PHYSICIANS AND EIGHT
5 MEDICAL STUDENTS. AND A PROGRAM THAT TRAINED THEM
6 TO DO SCIENCE AND MIXED THE MEDICAL STUDENTS, MANY
7 OF WHOM HAD PH.D'S. AT THAT POINT, AND THE
8 PHYSICIANS. AND THE PHYSICIANS WERE USUALLY INTERNS
9 OR RESIDENTS WHO WERE GIVEN TIME OFF TO TRAIN THEM,
10 TO TRAIN THEM HOW TO DO SCIENCE AND TO MIX WITH
11 PHYSICIANS.

12 THIS LASTED ABOUT EIGHT OR NINE YEARS AND
13 WAS THE PREDECESSOR TO THE NIH-FUNDED MEDICAL
14 SCIENTIST TRAINING PROGRAMS OR THE MSTP'S. AND THEN
15 NIH FUNDED THAT, AND IT HAS BECOME, AS YOU KNOW, NOW
16 AN INTERNATIONAL PROGRAM FOR TRAINING PHYSICIANS AND
17 BASIC SCIENTISTS IN BOTH FIELDS. AND IT HAS BEEN
18 EXTRAORDINARILY IMPORTANT IN RESEARCH SCIENCE AND
19 MEDICINE, AND IT WAS SUCH AN IMPORTANT PRECEDENT.
20 THIS SOUNDS VERY MUCH LIKE THAT, AND I REALLY LIKE
21 THE IDEA OF PUTTING TOGETHER PHYSICIANS, MEDICAL
22 STUDENTS, AND A PH.D.'S TO UNDERSTAND THE RELEVANCE
23 OF RESEARCH TO MEDICINE AND VICE VERSA. I THINK
24 THAT IS REALLY CRITICAL. AND THIS COULD BE A
25 PRECEDENT FOR DOING A VERY SIMILAR THING WITH STEM

BETH C. DRAIN, CA CSR NO. 7152

1 CELL RESEARCH AND MEDICINE.

2 CHAIRMAN THOMAS: THANK YOU, DR. MARTIN.
3 I THINK THERE'S A TREMENDOUS AMOUNT OF ENTHUSIASM
4 FOR THE PROGRAM FURTHER TO YOUR POINT. SO THE
5 QUESTION IS HOW CAN WE BEST MAKE THIS HAPPEN IN A
6 WAY THAT ALLOWS DR. MILLAN TO DO WITH HER TEAM WHAT
7 SHE NEEDS TO DO?

8 JUST ONE CLARIFYING QUESTION, DR. MILLAN.
9 SO IS FEBRUARY SORT OF, IN YOUR ESTIMATION, THE
10 LATEST YOU COULD BRING THE CONCEPT FOR DISCUSSION TO
11 ENABLE GETTING THE PROGRAM FUNDED FOR THE NEXT
12 ACADEMIC YEAR?

13 DR. MILLAN: I HAVE TO CONFIRM WITH MY
14 TEAM. I THINK THERE MIGHT BE MAYBE A MONTH OR SO,
15 AND WHAT WILL HAPPEN IS, IF WE DON'T BRING THE
16 CONCEPT UNTIL MARCH OR APRIL, FOR INSTANCE, THAT
17 JUST MEANS SHORTER TIME FOR THE APPLICANTS TO
18 PREPARE THEIR APPLICATION. AGAIN, ASSUMING WE'RE
19 TRYING TO GET THIS PROGRAM LAUNCHED BY THE FALL OF
20 THIS COMING YEAR, WHICH IS THE NEXT ACADEMIC YEAR.
21 IT REALLY IS A TIMING ISSUE. SO I GUESS WE WOULD
22 REALLY SEEK INPUT FROM THE BOARD AS TO THE URGENCY
23 OF THIS PROGRAM, WHICH IT SOUNDS LIKE THERE'S A LOT
24 OF ENTHUSIASM FOR IT, THAT WILL HELP US REALLY
25 DETERMINE THE BEST WAY TO BRING THIS BACK TO YOU.

BETH C. DRAIN, CA CSR NO. 7152

1 BECAUSE IF YOU, FOR INSTANCE, SAID TODAY THERE'S NO
2 URGENCY TO BRING IT IN THIS YEAR, THEN THAT WOULD
3 CHANGE THINGS. SO I GUESS THAT'S KIND OF THE
4 CRITICAL GATING ITEM FROM OUR PERSPECTIVE.

5 DR. SAMBRANO, IF YOU COULD COMMENT. IF WE
6 WERE TO BRING THIS TO A MARCH, WHICH BY THE WAY IS
7 THE BOARD RETREAT, SO WE'D HAVE TO TALK TO YOU ABOUT
8 WHETHER IT'S APPROPRIATE TO BRING THIS TO A BOARD
9 RETREAT BECAUSE IT WOULD BE AN ACTION. AND THEN
10 BEYOND THAT, I THINK APRIL WOULD BE REALLY LATE
11 BECAUSE BY THEN IT WILL GIVE THEM NOT EVEN TWO
12 MONTHS TO GET THE APPLICATION BECAUSE IT'S A
13 TWO-MONTH AT LEAST CYCLE TO GET THE REVIEW DONE.

14 SO THIS IS KIND OF A TIMING DISCUSSION
15 RIGHT NOW, AND I HESITATE TO BRING A TACTICAL AND
16 TIMING ISSUE TO THE BOARD, BUT I GUESS THE REAL
17 QUESTION IS IT SOUNDS LIKE THERE'S ENTHUSIASM FOR
18 RESEARCH TRAINING AS DESCRIBED, AND IT'S JUST NOW WE
19 ARE ASKING FOR GUIDANCE REGARDING TIMING.

20 MS. BONNEVILLE: MARIA, TO INTERJECT.
21 THERE MAY BE SOME APPLICATIONS THAT GO TO THE BOARD
22 IN MARCH ANYWAY. SO THERE WILL BE ACTION ITEMS
23 PRIOR TO THE START OF THE BOARD RETREAT IF THAT'S
24 HELPFUL IN ANY WAY.

25 DR. MILLAN: AND IF THAT WAS THE CASE,

BETH C. DRAIN, CA CSR NO. 7152

1 JUST FOR SAKE OF -- AND I'M GOING TO AGAIN TURN IT
2 OVER TO GIL. IF, LET'S SAY, WE BRING IT TO THE
3 BOARD IN MARCH AND WE HAVE A MORE DEVELOPED SET OF,
4 AT LEAST, WHAT OUTCOME MEASURES WE HAVE TO DATE, AND
5 WE'RE NOT GOING TO CREATE NEW OUTCOME MEASURES.
6 OBVIOUSLY THESE PROGRAMS ARE NO LONGER IN EXISTENCE.
7 SO WHATEVER WE HAVE WE'LL HAVE. IF WE BRING IT TO
8 YOU NEXT MONTH OR MARCH, THAT WILL GIVE APPLICANTS
9 AND YOU, AND IT'S APPROVED, THEN IT WILL GIVE
10 APPLICANTS EITHER TWO MONTHS OR THREE MONTHS FOR THE
11 APPLICATION PREPARATION IN ORDER TO HIT A TIMELINE
12 OF AN AUGUST REVIEW, FOR INSTANCE. SO THAT'S KIND
13 OF THE BASIC TIMELINE TO CONSIDER.

14 DR. MELMED: MARIA, CAN YOU HEAR ME?

15 CHAIRMAN THOMAS: YES. IT'S SORT OF
16 PATCHY.

17 DR. MELMED: CAN YOU HEAR ME, MARIA? I
18 THINK WE SHOULD NOT LET THE QUALITY OF THE PROPOSAL
19 BE DRIVEN BY TIMELINES. IF YOU NEED AN EXTRA MONTH
20 TO GET A BETTER QUALITY PROPOSAL, TAKE THE EXTRA
21 MONTH OR TWO. WHATEVER IT TAKES TO GET THE BEST
22 POSSIBLE PROPOSAL THAT REFLECTS THE BOARD'S WISHES.
23 I DON'T THINK THAT A MONTH HERE OR THERE IS GOING TO
24 MAKE THAT MUCH DIFFERENCE TO THE QUALITY OF THE
25 APPLICANT.

BETH C. DRAIN, CA CSR NO. 7152

1 DR. MILLAN: THANK YOU, DR. MELMED. BUT
2 MAY I ASK DO YOU THINK IT'S IMPORTANT TO HAVE IT IN
3 PLACE THIS YEAR?

4 DR. MELMED: I THINK EVERY LAB WILL SAY
5 YES.

6 DR. MILLAN: THANK YOU.

7 DR. MELMED: WE SHOULD JUST GET THE BEST
8 PROPOSAL OUT THERE, WHATEVER IT TAKES TO DEVELOP.

9 DR. MILLAN: THANK YOU VERY MUCH.

10 CHAIRMAN THOMAS: DR. MILLAN.

11 DR. GOLDSTEIN: IF I MAY INTERJECT HERE
12 BRIEFLY.

13 CHAIRMAN THOMAS: CERTAINLY.

14 DR. GOLDSTEIN: DR. MILLAN, ONE OF THE
15 ISSUES THAT SEEMS TO BE DELAYING A POTENTIAL START
16 FROM FEBRUARY TO MARCH IS OUTCOME MEASURES. SO I
17 WOULD MAKE THE FRIENDLY AMENDMENT TO THE OUTCOME
18 MEASURE DISCUSSION TO ASK THE APPLICANTS TO PROVIDE
19 OUTCOME MEASURES IN THEIR GRANT APPLICATIONS. AND
20 THEY'LL HAVE ACCESS TO THE BEST INFORMATION, AND IT
21 WON'T PUT YOUR STAFF ON THE SPOT AND WILL AVOID THAT
22 ONE-MONTH DELAY TO OUTCOME DATA, WHICH MAY OR MAY
23 NOT BE ACHIEVABLE.

24 DR. MILLAN: THAT'S A GREAT -- THAT IS
25 ACTUALLY SOMETHING WE WOULD ASK THEM FOR ANYWAY.

BETH C. DRAIN, CA CSR NO. 7152

1 THANK YOU FOR MAKING THAT POINT, DR. GOLDSTEIN.

2 AND SO I'LL TURN IT OVER TO YOU, CHAIRMAN
3 THOMAS, IN TERMS OF LEADING THE DISCUSSION AS TO
4 WHETHER THE BOARD FEELS THAT THAT WOULD BE A GOOD
5 WAY FOR US TO SEE THE OUTCOME MEASURES.

6 CHAIRMAN THOMAS: I DO THINK THAT'S A VERY
7 GOOD SUGGESTION, DR. GOLDSTEIN. AND I THINK THAT
8 YOU'LL GET FULL CONSENSUS THAT, IF AT ALL POSSIBLE,
9 WE WOULD ABSOLUTELY WANT TO HAVE THIS PROGRAM
10 EFFECTIVE THIS FALL. SO THE QUESTION IS JUST GIVING
11 DR. MILLAN AND DR. SAMBRANO AND TEAM JUST THE
12 DISCRETION FOR YOU TO LET US KNOW IF YOU CAN BRING
13 THIS IN FEBRUARY AND YOU FEEL -- AND PERHAPS WITH
14 DR. GOLDSTEIN'S SUGGESTION INTEGRATED INTO IT, THAT
15 WOULD HELP MAKE THE FEBRUARY DATE MORE VIABLE. IF
16 YOU COULD JUST --

17 DR. MILLAN: THANK YOU VERY MUCH. WE'LL
18 BE ABLE TO DO THAT, AND WE WILL DEFINITELY MAKE
19 SURE, AS WE ALWAYS DO, THE BEST DEVELOPED CONCEPT
20 PROPOSALS TO YOU. AND WE'LL DOUBLE-CHECK WITH MY
21 ENTIRE TEAM, BUT THE BEAUTY OF THAT IS THAT ALL OF
22 THE EDUCATION PROGRAMS THAT WE HOPE TO LAUNCH THIS
23 YEAR CAN BE BROUGHT TO YOU, AND YOU CAN LOOK AT ALL
24 OF THEM AT THE SAME TIME IN FEBRUARY. BUT, AGAIN,
25 WE'LL BE BACK. WE REALLY APPRECIATE THIS GUIDANCE

BETH C. DRAIN, CA CSR NO. 7152

1 FROM THE BOARD. THANK YOU.

2 CHAIRMAN THOMAS: DR. SAMBRANO, DO YOU
3 HAVE ANY ADDITIONAL THOUGHTS ON THIS DISCUSSION?

4 DR. SAMBRANO: NOT IN PARTICULAR. I THINK
5 IT IS VERY IMPORTANT TO UNDERSTAND HOW MUCH TIME THE
6 INSTITUTIONS WOULD NEED TO FORMULATE AN APPLICATION
7 BECAUSE WE DO RECOGNIZE THAT THERE'S PROBABLY A LOT
8 THAT HAS TO HAPPEN WITH THE INSTITUTION ON DECIDING
9 WHO THE PROGRAM DIRECTOR MAY BE AND HOW TO STRUCTURE
10 IT. SO I WOULD WANT TO MAKE SURE THAT THERE'S
11 SUFFICIENT TIME FOR THAT.

12 CHAIRMAN THOMAS: OKAY. ANY OTHER
13 COMMENTS FROM MEMBERS OF THE BOARD ON THIS SUBJECT?
14 THANK YOU. I HOPE, DR. MILLAN, THAT THIS HAS BEEN
15 HELPFUL.

16 DR. MILLAN: EXTREMELY HELPFUL. THANK YOU
17 SO MUCH.

18 CHAIRMAN THOMAS: OKAY. SO I BELIEVE WE
19 ARE ON TO OUR NEXT TOPIC; IS THAT CORRECT, DR.
20 MILLAN?

21 DR. MILLAN: YES, WE ARE, AND THESE WILL
22 BE SHORT. ALTHOUGH REALLY KIND OF CONDENSED
23 INFORMATION, DR. SAMBRANO IS GOING TO GIVE AN UPDATE
24 ON THE OUTCOME OF THE SHARED LABS PROGRAM. AS YOU
25 RECALL, AT THE START OF THIS PRESENTATION, WE EXPECT

BETH C. DRAIN, CA CSR NO. 7152

1 THAT WE'D BE BRINGING BACK TO YOU SOMETIME IN Q3 FOR
2 LAUNCH IN Q4 AND THAT'S A TARGET DATE, BUT I'D LIKE
3 DR. SAMBRANO TO GO AHEAD AND GIVE THIS PRESENTATION
4 TO LEAD THE DISCUSSION. THANK YOU.

5 DR. SAMBRANO: THANK YOU. AND GOOD
6 AFTERNOON TO EVERYONE. I JUST HAVE ONE SLIDE.
7 GEOFF, IF YOU COULD JUST ADVANCE TO IT. AND IT'S
8 REALLY PROVIDING YOU JUST SOME BACKGROUND ON THE
9 PROGRAM AS IT WAS CREATED BACK IN 2007.

10 SO THIS WAS PART OF WHAT CIRM CALLED ITS
11 JUMP START PROGRAM, WHICH WAS TO ENABLE AND
12 ENCOURAGE INVESTIGATORS IN CALIFORNIA TO CONDUCT
13 HUMAN EMBRYONIC STEM CELL RESEARCH. AND SO IF YOU
14 LOOK AT THE OBJECTIVES OF THE RFA THAT WAS ISSUED AT
15 THAT TIME, IT HAD KIND OF A TWOFOLD SET OF GOALS.
16 FIRST, TO CREATE DEDICATED LABORATORY SPACE FOR THE
17 CULTURE AND MAINTENANCE OF HUMAN EMBRYONIC STEM
18 CELLS, IN PARTICULAR, THOSE LINES THAT FALL OUTSIDE
19 FEDERAL GUIDELINES, AND ALSO TO SUPPORT THOSE CORE
20 LABORATORIES BY HAVING MULTIPLE INVESTIGATORS
21 CONDUCTING THE RESEARCH AT THE HOME INSTITUTION AS
22 WELL AS NEIGHBORING RESEARCH INSTITUTIONS.

23 AND THEN WITH THE PROGRAM WAS ALSO THE
24 OPTION OF HAVING THE STEM CELL TECHNIQUES COURSE
25 WHICH INTENDED TO TRAIN SCIENTISTS AND TECHNICAL

BETH C. DRAIN, CA CSR NO. 7152

1 STAFF IN THE GROWTH AND MAINTENANCE OF HUMAN
2 EMBRYONIC STEM CELLS BY FUNDING A NUMBER OF HANDS-ON
3 COURSES. AND, OF COURSE, THOSE, AS MENTIONED
4 EARLIER, EVOLVED INTO ALSO SERVING THE NEEDS OF THE
5 BRIDGES PROGRAM AS MANY OF THE BRIDGES TRAINEES TOOK
6 ADVANTAGE OF THOSE COURSES IN ORDER TO GET THEIR
7 RESPECTIVE TRAINING.

8 SO ALTHOUGH THIS WAS ORIGINALLY LAID OUT
9 IN THIS WAY, I THINK OVER TIME IT EVOLVED INTO ALSO
10 PROVIDING IPSC AND OTHER STEM CELL LINES AND THE
11 OPPORTUNITY FOR THE CONDUCT OF RESEARCH THAT
12 EXPANDED KIND OF AS THE FIELD DID AS WELL. AND SO
13 THE WAY THESE AWARDS WERE STRUCTURED, THEY KIND OF
14 HAVE TWO DIFFERENT COMPONENTS. ONE WAS THE
15 RENOVATION AND EQUIPMENT. IT PROVIDED ONE MILLION
16 IN RENOVATION COSTS. SO THE EXPECTATION WAS THAT
17 THE INSTITUTIONS WOULD HAVE AN AVAILABLE SPACE THAT
18 THEY WOULD WISH TO RENOVATE AS WELL AS TO EQUIP WITH
19 MAJOR EQUIPMENT THAT WOULD BE APPROPRIATE FOR CELL
20 CULTURE AND SO ON.

21 THERE WAS A 20-PERCENT MATCH THAT WAS
22 EXPECTED WITH EACH OF THESE. THERE WAS ALSO THE
23 OPERATIONAL COSTS WHICH WOULD COVER PERSONNEL AND
24 SUPPLIES. SO TYPICALLY THE PROGRAM DIRECTOR PLUS A
25 COUPLE OF TECHNICIANS WAS THE TYPICAL FORMAT. AND

BETH C. DRAIN, CA CSR NO. 7152

1 IT OFFERED 200,000 PER YEAR TO DO THAT.

2 THIS WAS ORIGINALLY MUCH LIKE THE TRAINING
3 PROGRAMS THAT WERE DESCRIBED, A THREE-YEAR AWARD
4 THAT WAS EXTENDED FOR AN ADDITIONAL THREE YEARS. SO
5 THE OPERATIONS WERE SUPPORTED FOR A TOTAL OF SIX
6 YEARS. AND THEN THOSE THAT OFFERED THE TECHNIQUES
7 COURSE, THEY RECEIVED AN ADDITIONAL 200,000 IN ORDER
8 TO SUPPORT THE PERSONNEL AND EDUCATIONAL COMPONENT.
9 SO OUR TOTAL INVESTMENT INTO THE SHARED LABS PROGRAM
10 BETWEEN 2007 AND 2014 WAS ABOUT 69 MILLION.

11 IN TERMS OF THE OUTCOMES, WHAT IT DID IT
12 ESTABLISHED 17 DIFFERENT PROGRAMS, WHICH WE OFTEN
13 REFER TO AS SAFE HAVENS, FOR CONDUCTING HUMAN
14 EMBRYONIC STEM CELL RESEARCH BECAUSE THESE WERE
15 GENERALLY FREE OF FEDERAL FUNDS. AND SO ALL OF THE
16 LABORATORIES DURING THIS TIME MAINTAINED THOSE
17 LABORATORIES WITHOUT THE USE OF FEDERAL FUNDS IN
18 ORDER TO BE ABLE TO CONDUCT THAT RESEARCH WITHOUT
19 WORRY ABOUT WHAT MAY HAPPEN POLITICALLY OR IN TERMS
20 OF SUDDEN CHANGES IN FEDERAL REGULATIONS.

21 IT ALSO CREATED LOTS OF SPECIALIZED CORES
22 WITH EXPERTISE IN DIFFERENT AREAS SUCH AS VECTOR
23 BIOLOGY, HIGH THROUGHPUT SCREENING, BIOENGINEERING,
24 ALL DEPENDENT ON KIND OF THE STRENGTHS OF THE
25 INSTITUTION WHERE THE SHARED LAB WAS HOSTED.

BETH C. DRAIN, CA CSR NO. 7152

1 IT ALSO RESULTED IN 173 PUBLICATIONS. SO
2 EVEN THOUGH THE SHARED LABS THEMSELVES WERE NOT OR
3 DIDN'T HAVE AN INDEPENDENT RESEARCH PROGRAM WITHIN
4 THEM, THERE WAS A LOT OF INNOVATION HAPPENING WITHIN
5 THE SHARED LABS: DEVELOPMENT OF PROTOCOLS, NEW WAYS
6 TO DERIVE CELLS, AND SO ON, THAT LED TO THESE
7 PUBLICATIONS, AS WELL AS, OF COURSE, THE 90 PLUS
8 HUMAN EMBRYONIC STEM CELL LINES THAT WERE DERIVED
9 AND MADE AVAILABLE.

10 AND THEN, OF COURSE, THE TECHNIQUES COURSE
11 WHICH SERVED TO TRAIN MANY INVESTIGATORS AND
12 INTRODUCE THEM TO THIS NEW FIELD AS WELL AS
13 POST-DOCS AND STUDENTS AND TECHNICAL STAFF IN ALL OF
14 THESE DIFFERENT TECHNIQUES.

15 SO THAT'S JUST A SUMMARY OF THE PROGRAM,
16 AND HAPPY TO TAKE ANY QUESTIONS. AND IN THE
17 MEANTIME, TURN IT BACK TO DR. MILLAN.

18 DR. MILLAN: THANK YOU, DR. SAMBRANO.
19 CHAIRMAN THOMAS, I'LL TURN IT BACK TO YOU FOR
20 DISCUSSION.

21 CHAIRMAN THOMAS: I WAS SPEAKING INTO A --
22 I WAS ON MUTE. YES. THANK YOU, DR. SAMBRANO. DR.
23 GOLDSTEIN, PLEASE, YOU HAVE A QUESTION, COMMENT?

24 DR. GOLDSTEIN: I WAS JUST GOING TO REMIND
25 ALL OF US THAT WE HAVE A CONTINUING NEED FOR SAFE

BETH C. DRAIN, CA CSR NO. 7152

1 HAVEN LABORATORY SPACE IN THIS STATE. THE FEDERAL
2 GOVERNMENT HAS MADE IT IMPOSSIBLE TO USE FEDERAL
3 FUNDS FOR ANY RESEARCH USING HUMAN FETAL TISSUE.
4 THE DICKEY-WICKER AMENDMENT THAT AFFECTS THE
5 HANDLING OF HUMAN EMBRYOS IS STILL IN EFFECT SO THAT
6 HUMAN EMBRYOS CANNOT BE STUDIED WITH FEDERAL FUNDS.
7 AND, OF COURSE, WHO KNOWS WHAT THE SENATE IS GOING
8 TO DO IN TWO YEARS, BUT THEY COULD REALLY TRIP US
9 UP. SO THE SAFE HAVEN ISSUE IS STILL AN IMPORTANT
10 ISSUE. I KNOW THERE ARE PEOPLE WHO THINK THAT IT'S
11 NOT, BUT IT'S DOCUMENTABLY A PROBLEM.

12 CHAIRMAN THOMAS: THANK YOU, DR.
13 GOLDSTEIN. OTHER COMMENTS ON THIS SLIDE?

14 DR. SAMBRANO, THANKS VERY MUCH.
15 HISTORICAL PERSPECTIVE IS VERY HELPFUL, PARTICULARLY
16 FOR NEWER MEMBERS OF THE BOARD, AND SO THAT WAS A
17 VERY GOOD SUMMARY.

18 ANY FINAL COMMENTS BEFORE WE MOVE ON TO
19 THE NEXT PRESENTATION?

20 DR. SAMBRANO: NOT FROM ME.

21 CHAIRMAN THOMAS: THANK YOU FOR THAT. AND
22 LET'S GO ON. IT LOOKS LIKE YOU ARE ON TAP HERE FOR
23 THE NEXT AS WELL.

24 DR. SAMBRANO: CORRECT. YES. SO IF I CAN
25 HAVE THE NEXT SLIDE. THANK YOU.

BETH C. DRAIN, CA CSR NO. 7152

1 SO THIS IS A VERY SIMPLE SLIDE, AND ALL WE
2 ARE TRYING TO DO HERE IS JUST AN AWARENESS THING.
3 YOU KNOW THAT WE HAVE RELAUNCHED MANY OF OUR CORE
4 PROGRAMS, WHICH WAS ALREADY MENTIONED. BUT WHEN WE
5 DID THIS, WE DID THIS WITH KIND OF THE MINIMAL AND
6 NECESSARY ADJUSTMENTS TO THE PROGRAM, KNOWING THAT
7 WE WERE GOING TO COME BACK TO YOU TO MAKE MORE
8 SIGNIFICANT UPDATES LATER. AND SO THOSE
9 OPPORTUNITIES IN DISCOVERY, TRAN, AND CLIN HAVE
10 ALWAYS HAD OR HAVE SINCE BEEN MODIFIED TO CONTAIN
11 ELEMENTS THAT MAY OR MAY NOT BE DESIRED OR ALIGNED
12 WITH THE STATE OF REGENERATIVE MEDICINE IN THE
13 PRESENT DAY.

14 SO BEFORE ATTEMPTING TO MAKE ANY
15 SIGNIFICANT CHANGES, WE THOUGHT THAT THOSE ITEMS
16 DESERVE SOME CAREFUL CONSIDERATION AND GUIDANCE BOTH
17 FROM THE BOARD AS WELL AS THE SCIENTIFIC ADVISORY
18 PANEL THAT WAS DISCUSSED PREVIOUSLY WHERE WE COULD
19 DRAW ADDITIONAL INPUT AND FEEDBACK.

20 ON THIS SLIDE, THEN, ARE JUST SOME OF THE
21 ITEMS THAT WE HOPE TO GET ADDITIONAL GUIDANCE ON IN
22 THE NEXT FEW MONTHS. WE'RE NOT LOOKING FOR ANSWERS
23 TODAY, JUST HOPING TO PLANT THE SEED FOR WHAT KINDS
24 OF THINGS MIGHT BE CONSIDERED.

25 SO, FOR EXAMPLE, THE SUPPORT OF SMALL

BETH C. DRAIN, CA CSR NO. 7152

1 MOLECULE-BASED PROJECTS HAVE BEEN A SUBJECT OF
2 DISCUSSION AND DIFFERING VIEWS OVER THE YEARS OF
3 CIRM. AND MOST RECENTLY WE DIMINISHED, WITH
4 DIMINISHED FUNDS, CIRM LIMITED THE ELIGIBILITY OF
5 SMALL MOLECULE AND BIOLOGICS PROPOSALS IN FAVOR OF
6 ENSURING THAT THE REMAINING FUNDS COULD BE DEDICATED
7 TO WHAT WAS VIEWED AS OUR CORE MANDATE OF CELL
8 THERAPY AND/OR GENE THERAPY PROJECTS.

9 THERE'S OTHER ARGUMENTS THAT HAVE ALSO
10 BEEN MADE IN TERMS OF THE ROLE OF SMALL MOLECULES
11 AND CIRM'S SUPPORT FOR THEM, SUCH AS THE FACT THAT
12 THEY HAVE A MORE WELL-ESTABLISHED REGULATORY PATH
13 AND THAT THEY'RE LIKELY TO GET SOME SUPPORT FROM
14 OTHER SOURCES. SO THE UNDERLYING QUESTION IS TO
15 WHAT EXTENT SHOULD THESE KINDS OF PROJECTS BE
16 SUPPORTED ACROSS OUR PORTFOLIO?

17 SIMILARLY, WE TALKED ABOUT GENE THERAPY.
18 AND AS MENTIONED, WE STARTED FUNDING GENE THERAPY
19 PROJECTS AS A VITAL RESEARCH OPPORTUNITY TWO YEARS
20 AGO. AND SO WE ALSO CREATED AS A PART OF THAT A
21 SPECIFIC DEFINITION FOR WHAT WOULD QUALIFY AS GENE
22 THERAPY. AND THE GENERAL QUESTION AND THE FEEDBACK
23 THAT WE WOULD LOOK FOR HERE IS WHETHER THE
24 DEFINITION OF GENE THERAPY IS STILL APPROPRIATE
25 AND/OR IF THE SCOPE OF GENE THERAPY SHOULD EITHER

BETH C. DRAIN, CA CSR NO. 7152

1 EXPAND OR NARROW SOMEHOW?

2 WE ALSO TALKED ABOUT THE VITAL RESEARCH
3 OPPORTUNITIES, AND THERE WE'D LIKE TO DISCUSS BOTH
4 THE PROCESS FOR DEEMING AN AREA OF RESEARCH A VITAL
5 RESEARCH OPPORTUNITY. AS YOU HEARD, THOSE WOULD
6 COME TO THE BOARD IN TERMS OF DECLARING SOMETHING A
7 VITAL RESEARCH OPPORTUNITY, BUT WE CAN GO INTO MORE
8 DETAIL ABOUT WHAT THAT PROCESS MIGHT LOOK LIKE, AS
9 WELL AS TO WHETHER THERE ARE SPECIFIC AREAS THAT WE
10 ARE MISSING OR NOT THINKING ABOUT THAT SHOULD BE
11 CONSIDERED A VITAL RESEARCH OPPORTUNITY.

12 AND THEN, FINALLY, THERE ARE SOME
13 PROGRAMMATIC ELEMENTS THAT HAVE EXISTED WITHIN OUR
14 PROGRAMS. AND THIS IS REALLY MOSTLY A QUESTION OF
15 HOW WE ASSESS OR THE EXTENT TO WHICH WE ASSESS
16 WHETHER A PROJECT IS UNLIKELY TO RECEIVE FUNDING
17 FROM OTHER SOURCES. PROP 14, ON THE ONE HAND
18 HIGHLIGHTS THAT THIS IS A PRIORITY, YET ALSO MAKES
19 AVAILABLE THE VITAL RESEARCH OPPORTUNITIES AS A WAY
20 TO EXPAND. SO KIND OF UNDERSTANDING WHAT THAT SCOPE
21 MIGHT LOOK LIKE, TO WHAT EXTENT THINGS SUCH AS THE
22 UNLIKELINESS OF RECEIVING FUNDS FROM OTHER SOURCES,
23 OR EVEN FROM THE FEDERAL GOVERNMENT SHOULD BE
24 INCLUDED IN OUR ELIGIBILITY OR REVIEW CRITERIA.

25 SO THAT'S THE BACKGROUND. I'M HAPPY TO

BETH C. DRAIN, CA CSR NO. 7152

1 TAKE ANY QUESTIONS. BACK TO DR. MILLAN.

2 DR. MILLAN: DR. SAMBRANO, THANK YOU SO
3 MUCH. AND THESE ARE MAJOR CATEGORIES THAT WE HOPE
4 TO BRING TO YOU AT THE MARCH BOARD RETREAT INFORMED
5 BY THE SCIENTIFIC ADVISORY PANEL IN FEBRUARY.

6 I'D LIKE TO HIGHLIGHT THE NATURE OF THIS
7 PROGRAMMATIC EVALUATION QUESTION. AS IT STANDS,
8 IT'S CURRENTLY WITHIN THE REVIEW GROUP'S KIND OF
9 RESPONSIBILITY TO INCORPORATE THIS IN HOW PROGRAMS
10 ARE REVIEWED. BUT AS I UNDERSTAND, AND DR. SAMBRANO
11 CAN ELABORATE FURTHER, IT'S BEEN ACTUALLY QUITE
12 DIFFICULT TO FIGURE OUT HOW TO MAKE THIS A REVIEW
13 AND ELIGIBILITY CRITERIA BECAUSE IT'S NOT THAT -- TO
14 PROVE THE PRESENCE OF A NEGATIVE IS SOMETIMES TOUGH.
15 HOW DO YOU REALLY PROVE THAT THEY COULDN'T HAVE
16 GOTTEN FUNDING FROM OTHER SOURCES? IT'S NOT
17 SOMETHING THAT WE MAY SOLVE TODAY, BUT I WANTED TO
18 HIGHLIGHT THE NATURE OF THAT CHALLENGE.

19 GIL, DO YOU HAVE ANY OTHER COMMENTS TO
20 THAT?

21 DR. SAMBRANO: NO. THAT'S EXACTLY RIGHT.
22 ESPECIALLY FOR ELIGIBILITY WHERE WE WANT TO MAKE
23 OBJECTIVE DETERMINATIONS OF WHETHER SOMETHING IS,
24 YES, ELIGIBLE OR, NO, NOT ELIGIBLE. WE HAVE
25 PEPPERED IN MANY CASES ELIGIBILITY CRITERIA WITH

BETH C. DRAIN, CA CSR NO. 7152

1 THIS REQUIREMENT THAT THEY SHOW THEY'RE UNLIKELY TO
2 RECEIVE FUNDING FROM OTHER SOURCES, BUT IT IS
3 DIFFICULT TO ASCERTAIN CERTAINLY AT THAT LEVEL. AND
4 EVEN AT THE LEVEL OF REVIEWERS, THERE ARE CERTAINLY
5 OPINIONS ABOUT IT, BUT IT'S NOT SOMETHING THAT IS
6 VERY OBJECTIVE FOR US TO TACKLE.

7 DR. MILLAN: CHAIRMAN THOMAS.

8 CHAIRMAN THOMAS: SO I THINK I WANTED TO
9 ECHO MARIA'S COMMENT. I THINK FROM A BOARD
10 STANDPOINT THIS DISCUSSION IS BEST INFORMED AFTER WE
11 TAKE THESE AND OTHER QUESTIONS TO OUR SCIENTIFIC
12 ADVISORY PANEL IN FEBRUARY, BUT WOULD WELCOME IF
13 ANYBODY HAS ANY COMMENTS ON THESE PARTICULAR ISSUES
14 AT THIS POINT. ANY COMMENTS FROM MEMBERS OF THE
15 BOARD?

16 DR. VUORI: I HAVE A QUICK QUESTION. I
17 APOLOGIZE IF I HAVE LOST TRACK. COULD YOU TELL ME A
18 LITTLE MORE ABOUT THE SCIENTIFIC ADVISORY PANEL? IS
19 THIS NEWLY FORMED? HAS IT BEEN IN EXISTENCE FOR A
20 WHILE?

21 CHAIRMAN THOMAS: I'LL ADDRESS THAT. SO
22 AS PROP 14 ALLOWS FOR ADVISORY PANELS TO COME
23 TOGETHER, DR. MILLAN AND I HAVE PUT TOGETHER A GROUP
24 OF KOL'S FOR A LATE FEBRUARY PANEL MEETING AT WHICH
25 WE'RE GOING TO BRING A NUMBER OF QUESTIONS DEALING

BETH C. DRAIN, CA CSR NO. 7152

1 WITH AND BEARING ON THE STRATEGIC PLAN TO THAT GROUP
2 AND WILL BE DOING IT IN THE FORM OF PRESENTATIONS BY
3 A NUMBER OF GRANTEES, WHICH PRESENTATIONS ARE GEARED
4 TOWARDS DRIVING DISCUSSION ON VERY SPECIFIC
5 QUESTIONS THAT BEAR ON THE STRATEGIC PLAN. AND SO
6 WE THINK ACTUALLY -- THIS IS SOMETHING THAT WE
7 HAVEN'T DONE SINCE, I THINK, 2013 IS PULL TOGETHER A
8 GROUP LIKE THIS TO ASK BOTH BIG-PICTURE AND SPECIFIC
9 QUESTIONS AS TO WHAT THEY THINK OF CIRM'S
10 OPPORTUNITIES AND DIRECTION GOING FORWARD, ET
11 CETERA.

12 AND SO THESE SORTS OF ISSUES WILL BE
13 AMONGST MANY OTHERS THAT ARE RAISED AT THAT MEETING.
14 THE OUTCOME OF THAT MEETING IS SOMETHING THAT WE
15 WILL PRESENT FOR FURTHER DISCUSSION AND WILL BE
16 SOMETHING THAT INFORMS, IN PART, THE MARCH RETREAT.

17 DR. MILLAN, DO YOU WANT TO ADD TO THAT?

18 DR. MILLAN: NO. I THINK THAT THAT IS A
19 FAIR DESCRIPTION. I GUESS WE WILL DEFINITELY BRING
20 TOGETHER A SUMMARY TO THE MARCH RETREAT. AND I
21 LEAVE THAT UP TO YOU, CHAIRMAN THOMAS, IN TERMS OF
22 WHO ADDITIONAL YOU WOULD BE INVITING TO THE MEETING.
23 BUT IT IS SOMETHING THAT WAS DONE AWHILE AGO. I
24 THINK THAT THIS MEETING THAT WE'RE GOING TO HAVE IN
25 FEBRUARY WILL BE VERY BROAD IN TERMS OF TOPICS. I

BETH C. DRAIN, CA CSR NO. 7152

1 THINK THE PAST ONE REALLY RELIED ON FIGURING OUT THE
2 TRANSLATION AND CLINICAL STAGE. WHAT WE'RE TRYING
3 DRIVE AT THIS MEETING IS REALLY OPENING IT UP AND
4 MAKING SURE TO PAY DUE ATTENTION TO BASIC RESEARCH
5 AND NEURO AND CNS RESEARCH AS WELL AS ALL THE OTHER
6 TYPES OF PROGRAMS CIRM CURRENTLY FUNDS AND THE
7 FUTURE OF WHERE BASIC AND TRANSLATION RESEARCH IN
8 REGENERATIVE MEDICINE IS GOING.

9 DR. VUORI: THANK YOU.

10 CHAIRMAN THOMAS: ANY OTHER COMMENTS ON
11 THIS SLIDE? OKAY. SO THIS ONE IS DEFINITELY TO BE
12 CONTINUED. THANK YOU. DR. MILLAN, THE NEXT
13 PRESENTATION.

14 DR. MILLAN: WE HAVE A TIME CHECK OF TWO
15 MINUTES, BUT WE DO HAVE JUST ONE FINAL PRESENTATION
16 IF IT'S OKAY.

17 CHAIRMAN THOMAS: YES. IF EVERYBODY CAN
18 HOLD ON FOR THAT, IT'D BE GREAT. THANK YOU.

19 DR. SAMBRANO, THANK YOU VERY MUCH FOR YOUR
20 PRESENTATIONS AND FOR ALL OF YOUR AND YOUR TEAM'S
21 VERY MAJOR EFFORTS TO DRIVE THE WHOLE REVIEW
22 PROCESS, WHICH IS KIND OF THE BREAD AND BUTTER THAT
23 MAKES EVERYTHING HAPPEN. SO THANK YOU VERY MUCH FOR
24 THAT.

25 DR. SAMBRANO: THANK YOU. WE HAVE A GREAT

BETH C. DRAIN, CA CSR NO. 7152

1 TEAM THAT DOES IT ALL. SO APPRECIATE IT.

2 DR. MILLAN: NOW IT IS MY PLEASURE TO
3 INTRODUCE DR. KENT FITZGERALD, WHO WILL BE GIVING US
4 A VERY, VERY BROAD OVERVIEW OF OUR NEUROSCIENCE
5 PROGRAM TO DATE. DR. FITZGERALD.

6 DR. FITZGERALD: THANK YOU, DR. MILLAN,
7 CHAIRMAN THOMAS, AND MEMBERS OF THE BOARD. NEXT
8 SLIDE PLEASE.

9 TODAY I WANTED GIVE YOU AN UPDATE AND A
10 FINAL SNAPSHOT OF THE FUNDING BREAKDOWN FOR
11 NEUROSCIENCE PROJECTS INITIATED UNDER PROP 71. YOU
12 CAN SEE IN THE TWO PIE GRAPHS BELOW WHEN WE STARTED
13 ANALYZING OUR FUNDING FOR NEURO FOR THE PURPOSES OF
14 EVALUATING -- OF EVOLVING THE PROGRAM TO BEST
15 LEVERAGE THE NEW PROP 14 FUNDING, WE STARTED DIGGING
16 INTO WHAT WE'VE DONE HISTORICALLY.

17 ON THE LEFT YOU CAN SEE OF THE OVERALL 753
18 PROGRAMS THAT WERE FUNDED, TOTALING A LITTLE BIT
19 OVER \$2 BILLION, APPROXIMATELY ONE-QUARTER OF THE
20 FUNDS WERE DIRECTED TOWARDS NEUROSCIENCE RESEARCH,
21 WHICH IS BROKEN OUT INTO THE GRAPH ON THE RIGHT.
22 THIS RESULTS IN 173 PROJECTS TOTALING APPROXIMATELY
23 \$422 MILLION, WITH THE TOP FOUR CATEGORIES BY
24 DOLLARS INVESTED, INCLUDING ALS AND PARKINSON'S AT
25 14 PERCENT EACH, AND ALZHEIMER'S DISEASE AND SPINAL

BETH C. DRAIN, CA CSR NO. 7152

1 CORD INJURY AT 10 PERCENT EACH.

2 NEXT SLIDE PLEASE. FURTHER ANALYSIS OF
3 THE NEUROSCIENCE PORTFOLIO BY CATEGORIZING ALL THE
4 PROP 71 PROGRAMS INTO ADMITTEDLY BROAD PILLARS, BUT
5 THE PILLARS ARE DISCOVERY, TRANSLATION, AND
6 CLINICAL. YOU CAN SEE IN THE GRAPH BELOW WITH
7 PILLAR COLOR-CODED BARS REPRESENTING THE DOLLARS
8 INVESTED AND THE NUMBERS OF THE PROGRAMS FOR EACH
9 FUNDED INSET WITHIN EACH BAR. AND THE WAY THIS IS
10 PRESENTED IS THE RFA'S ARE BUCKETED BY THE YEAR THAT
11 THEY BEGAN.

12 SO YOU CAN SEE WE BEGIN WITH RFA'S IN 2006
13 AND END WITH THE RFA'S WHICH BEGAN IN 2016. THESE
14 PROGRAMS ARE OBVIOUSLY ONGOING AT THIS POINT, MANY
15 OF THEM ARE.

16 SO ON THE SMALL PIE CHART YOU CAN SEE THAT
17 OVER ONE-HALF OF OUR FUNDING HAS GONE TO SUPPORT
18 WHAT WE WOULD GENERALLY CLASSIFY AS DISCOVERY
19 RESEARCH WITH CLINICAL STAGE COMING IN SECOND AND
20 TRANSLATION COMING IN THIRD PLACE. AN OBVIOUS TREND
21 THAT CAN BE SEEN HERE IS THAT THE BULK OF OUR
22 CLINICAL STAGE FUNDING REALLY HAPPENED LATER IN THE
23 LIFE SPAN OF PROP 71 FUNDING DURING THE CIRM 2.0
24 PROGRAM OFFERINGS, AND THE EARLIER CLINICAL PROGRAMS
25 BEGINNING WITH THE 2010 RFA'S WERE A SMALL NUMBER.

BETH C. DRAIN, CA CSR NO. 7152

1 THESE WERE PROGRAMS IN ALZHEIMER'S DISEASE,
2 HUNTINGTON'S, ALS, AND SPINAL CORD INJURY. AND
3 THESE SUPPORTED NONCLINICAL TRIAL PROGRAMS THAT WERE
4 IND-ENABLING WORK. SO NOT A LARGE NUMBER OF
5 REGENERATIVE MEDICINE PROGRAMS WERE SEEKING CIRM
6 FUNDING AT THAT TIME, WHICH RAISES SOME QUESTIONS ON
7 WHY THAT MIGHT BE.

8 WE DID HAVE ONE EXAMPLE OF CONTINUED
9 DEVELOPMENT OF ONE OF THESE EARLY PROGRAMS FROM THE
10 2010 RFA, WHICH WAS CLIVE SVENDSEN'S ALS PROGRAM
11 WHICH LATER CAME BACK IN OUR 2.0 ITERATION FOR
12 CLINICAL TRIAL FUNDING.

13 SO FEW OTHER QUESTIONS WE'D LIKE TO ASK OF
14 THIS DATASET AND, ADMITTEDLY, THIS IS A HIGHLY
15 SIMPLIFIED VERSION OF THE DATA THAT WE HAVE. WE
16 HAVE A NUMBER OF PARAMETERS FOR EACH ONE OF THE
17 PROGRAMS THAT ARE INDICATED HERE. BUT DID THIS
18 LARGE NUMBER OF DISCOVERY PROGRAMS THAT WE FUNDED
19 EARLY ON, CAN THOSE FORM THE BASIS FOR A PIPELINE
20 THAT CIRM SHOULD CONTINUE TO ADVANCE? AND IF SO,
21 HOW WOULD WE WANT TO DO THAT? THIS CAN BE ADDRESSED
22 PARTIALLY BY DETERMINING WHERE THESE PROGRAMS ENDED
23 UP AFTER COMPLETION OF CIRM FUNDING. AND SOME
24 GENERAL PORTFOLIO ANALYSIS HAS ALREADY SHOWN THAT
25 THE APPEARANCE OF THE NEUROCLINICAL STAGE PROGRAMS

BETH C. DRAIN, CA CSR NO. 7152

1 AND TRANSLATIONAL STAGE PROGRAMS IN OUR 2.0 PHASE
2 MAY REFLECT THE MATURATION OF THE FIELD AS A WHOLE,
3 WHERE A LOT OF THIS FOUNDATIONAL DEVELOPMENT WAS
4 STARTING TO MATURE INTO DEVELOPMENT READY
5 CANDIDATES.

6 WE INTEND TO CONTINUE TO LEVERAGE THIS
7 DATASET, WHICH YOU WILL SEE LIKELY IN THE SAP
8 MEETING THAT IS UPCOMING TO IDENTIFY GAPS THAT COULD
9 BE ADDRESSED WITH OUR PROP 14 FUNDS AND BRING THESE
10 CONCEPTS TO THE BOARD. NEXT SLIDE PLEASE.

11 BACK IN 2019 WE STARTED CONSIDERING HOW WE
12 COULD BEST EVOLVE OUR NEUROSCIENCE STRATEGY. IN
13 APRIL 2019 WE HOSTED A BRAINSTORMING MEETING
14 CREATIVELY TITLED "CIRM BRAINSTORMING
15 NEURODEGENERATION." THIS WAS A TWO-DAY WORKSHOP
16 WITH 50 INVITED PARTICIPANTS REPRESENTING KEY
17 OPINION LEADERS REPRESENTING STEM CELL R&D, DISEASE
18 FOUNDATIONS, ACADEMIA, INDUSTRY, FUNDING BODIES, AND
19 THE FDA. AND THE GOAL OF THIS MEETING WAS TO TACKLE
20 ISSUES SPECIFIC TO NEURODEGENERATIVE THERAPY
21 DEVELOPMENT USING STATE-OF-THE-ART SCIENCE AND TO
22 RECONFIGURE DISCOVERY AND DEVELOPMENT PIPELINES TO
23 FIND SYNERGIES WITHIN GROUPS AND CONSORTIA. NEXT
24 SLIDE PLEASE.

25 SO THE OVERALL THEMES THAT WERE DISCUSSED

1 DURING THIS MEETING INCLUDED HOT TOPICS LIKE
2 LEVERAGING GENOMICS AND BIG DATA, THE USE OF IPSC
3 MODELS AND CREATING STANDARDS IN UTILIZING IPS
4 BANKS. EXPLORING A NEURODEGENERATION CONSORTIUM
5 MODEL. SO, AS YOU KNOW, OUR PROGRAMS HAVE OPERATED
6 HISTORICALLY INDEPENDENT OF EACH OTHER. WAS THERE
7 AN OPPORTUNITY FOR A CONSORTIUM-BASED MODEL TO HELP
8 ENHANCE PROGRESS IN THE FIELD? ACCELERATING DRUG
9 DEVELOPMENT BASED ON PATIENT DATA, THE OPPORTUNITY
10 FOR IMPLEMENTING THINGS LIKE PLATFORM TRIALS IN
11 NEURODEGENERATIVE DISEASE AND REGENERATIVE MEDICINE
12 TRIALS, CLINICAL TRIALS IN A REGENERATIVE MEDICINE
13 SPACE, AND BENEFITS OF A CONSORTIUM, TAKING
14 REGENERATIVE MEDICINE NEURODEGENERATIVE CANDIDATES
15 TO THE CLINIC.

16 AND AFTER WE HAD THIS DISCUSSION, WE HAD
17 SMALL BREAKOUT GROUPS THAT WERE DESIGNED TO DISCUSS
18 WHERE IS THE VALUE IN A CONSORTIUM, AND WHAT THINGS
19 WOULD BE NEEDED TO HAVE AN EFFECTIVE CONSORTIUM IN
20 THIS SPACE? AND THE MEETING WRAPPED UP WITH A PANEL
21 DISCUSSION DISCUSSING WOULD A CONSORTIUM-BASED
22 APPROACH ACCELERATE THERAPY DEVELOPMENT, AND HOW
23 WOULD WE IMPLEMENT THAT. NEXT SLIDE PLEASE.

24 SO SOME HIGH LEVEL MAJOR NEEDS THAT WERE
25 IDENTIFIED ARE SHOWN HERE AS THEMATIC OUTCOMES.

BETH C. DRAIN, CA CSR NO. 7152

1 INITIALLY THERE WAS A CLEAR NEED FOR STANDARDIZATION
2 AND RESEARCH TOOLS, MODEL SYSTEMS, AND DATA
3 COLLECTION IN ORDER TO HAVE COMPARABLE RESEARCH
4 ACROSS THE FIELD. A CLEAR NEED FOR DATA SHARING,
5 WHICH IS SOMETHING THAT WE ARE CURRENTLY DISCUSSING
6 AND IMPLEMENTING IN THE CURRENT ACTIVE RFA'S THAT WE
7 HAVE. DATA SHARING CAN TAKE THE FORM OF
8 DISSEMINATION OF KNOWLEDGE ACROSS THE FIELD, BUT,
9 IMPORTANTLY, THE GROUP IDENTIFIED THE INCLUSION OF
10 FAILURE ANALYSIS TO HELP ADVANCE BREAKTHROUGH
11 SCIENCE, AND THAT THE DATA NEEDS TO BE SPECIFIC TO
12 THE END USER'S NEEDS. DATASET EXPANSION IN TERMS OF
13 ENRICHING DATA AVAILABLE FROM CLINICAL TRIALS,
14 INCLUDING NON-DISEASE BASED CONTROLS IN BLUE-CARD
15 OUTLIERS TO HELP INCREASE THE POWER OF THE RESULTS
16 THAT CAME FROM THOSE TRIALS.

17 GAPS IS SOMETHING YOU'VE BEEN DISCUSSING A
18 LOT TODAY, THE GAPS IN TRAINING, SPECIFICALLY
19 PLURIPOTENT STEM CELL RESEARCHERS, AND THE NEED FOR
20 WORKFORCE EXPANSION, AND THE USE OF A
21 CROSS-DISCIPLINE STRUCTURE WITH CLINICIANS AND BASIC
22 SCIENTISTS PARTNERING TOGETHER. ADDITIONAL
23 CONSORTIA ELEMENTS THAT WERE IDENTIFIED AS BEING
24 IMPORTANT IS LEVERAGING THE POSITIVE ASPECTS OF A
25 LARGE NUMBER OF CONSORTIA. WE GENERATED A DATABASE

1 OF CONSORTIA ACROSS NEURODEGENERATION WITH ELEMENTS
2 OF EACH OF THOSE, AND THE PLUSES AND MINUSES TO EACH
3 OF THOSE ELEMENTS, AND HOW WE MIGHT BE ABLE TO
4 LEVERAGE THOSE ELEMENTS IN THE FORMATION OF A NEW
5 EFFORT, IDENTIFICATION OF SPECIFIC GAPS TO BE
6 FILLED. AND ONE MAJOR OUTCOME WAS THAT THE
7 CONSORTIA, IN ORDER TO BE SUCCESSFUL, NEEDS TO HAVE
8 CLEAR AND ARTICULATE GOALS, BUT AT THE SAME TIME
9 HAVE THE ABILITY FOR DIRECTED EVOLUTION, AND
10 ULTIMATELY TIME-BOUND DELIVERABLES AND END GOALS
11 NEED TO BE IN PLACE IN ORDER TO DRIVE TOWARDS
12 SUCCESS.

13 THE CONSORTIA COULD TAKE THE FORM OF
14 BROAD, DISEASE-FOCUSED COMMON MECHANISMS, THINGS
15 ALONG THOSE LINES; HOWEVER, A SPECIFIC
16 INFRASTRUCTURE TO EACH WOULD NEED TO BE BUILT TO
17 SUIT THE NEEDS OF THE CONSORTIUM.

18 AND, FINALLY, THE NEED FOR AN UNBIASED
19 ORGANIZER TO COORDINATE EFFORTS WITHIN ANY
20 LARGE-SCALE EFFORT LIKE THIS WITH A CONSORTIA
21 SERVING AS A RESOURCE AGGREGATOR. AND, OF COURSE,
22 THIS COMES ALONG WITH MANY OPERATIONAL ASPECTS.

23 WE HAVE A PUBLISHED SUMMARY OF THE MEETING
24 WHICH GOES INTO MUCH MORE DETAIL THAN WHAT I
25 DESCRIBED AVAILABLE ON OUR WEBSITE AS WELL AS THE

BETH C. DRAIN, CA CSR NO. 7152

1 DETAILED PROGRAM AND MANY OF THE PRESENTATIONS THAT
2 WERE GIVEN AT THE MEETING. WITH THAT, I'LL FINISH.

3 DR. MILLAN: THANK YOU VERY MUCH, KENT.
4 SEEMS LIKE WE HAD THAT WORKSHOP JUST YESTERDAY AND
5 NOW THE OUTPUT OF THAT WORKSHOP IS GOING TO BE
6 EXTREMELY IMPORTANT AS WE CONTINUE THE DISCUSSIONS
7 BOTH AT THE ADVISORY PANEL AND AT THE MARCH BOARD
8 RETREAT AS WE LOOK FOR POTENTIAL AVENUES IN
9 ACCELERATING CNS RESEARCH UNDER PROP 14.

10 CHAIRMAN THOMAS, I'M TURNING IT BACK TO
11 YOU.

12 CHAIRMAN THOMAS: THANK YOU. THANK YOU,
13 DR. FITZGERALD, FOR THAT PRESENTATION. VERY, VERY
14 INFORMATIVE. I THINK, AS DR. MILLAN SUGGESTS, THIS
15 MAY BE A TOPIC THAT'S BEST TAKEN UP IN MORE DETAIL
16 IN THE MARCH RETREAT, BUT ARE THERE ANY IMMEDIATE
17 THOUGHTS ON THESE SLIDES AT THIS POINT FROM MEMBERS
18 OF THE BOARD?

19 DR. YAMAMOTO: JUST A QUICK COMMENT, J.T.
20 AND THAT IS ONE OF THE THINGS THAT WE HAVE LEARNED
21 FROM THE PANDEMIC IS THAT SELF-ASSEMBLED TEAMS,
22 CONSORTIA, COMING FROM VERY DIFFERENT AREAS OF
23 EXPERTISE THAT AGGREGATE AROUND A PROBLEM OF COMMON
24 INTEREST CAN HAVE TREMENDOUS POWER IN TERMS OF BEING
25 ABLE TO UNCOVER CRITICAL INFORMATION IN A SHORT

BETH C. DRAIN, CA CSR NO. 7152

1 AMOUNT OF TIME WHEN THE TEAM MEMBERS REALLY FEEL
2 THAT THEY ARE REALLY OPERATING AS A UNIT AND THAT
3 THEIR OWN SEPARATE EGO DRIVERS ARE SET ASIDE BECAUSE
4 THERE'S REALLY A CLEAR VIEW ON THE PART OF EVERYONE
5 IN THE GROUP OF WHAT THE END POINT GOAL IS.

6 I AGREE THAT THIS APPROACH, FORMING
7 EFFECTIVE CONSORTIA, CAN BE VERY POWERFUL. AND I
8 THINK THAT IF CIRM CAN HELP TO MOTIVATE THAT
9 EFFECTIVELY IN THIS AREA AND OTHERS, THAT IT WILL,
10 AGAIN, BE AN AREA WHERE THIS ORGANIZATION KIND OF
11 STEPS OUT AND SAYS THIS IS SOMETHING THAT CAN REALLY
12 MOVE SCIENCE IN MUCH MORE EFFECTIVE, RAPID WAYS AND
13 THAT IT'S SOMETHING THAT WE SHOULD REALLY STAND
14 BEHIND AND STAND FOR.

15 CHAIRMAN THOMAS: THANK YOU, DR. YAMAMOTO.
16 OTHER COMMENTS FROM MEMBERS OF THE BOARD?

17 DR. HIGGINS: QUICK COMMENT AND COULD I
18 ACTUALLY ASK A QUICK QUESTION?

19 CHAIRMAN THOMAS: PLEASE.

20 DR. HIGGINS: THIS IS A QUESTION FOR
21 EITHER KENT OR MARIA, AND IT'S PROBABLY AN UNFAIR
22 QUESTION, BUT IT MIGHT GET US THINKING. IF YOU HAD
23 KNOWN IN APRIL OF 2019 THAT YOU WERE GOING TO HAVE
24 \$1.5 BILLION DEDICATED TO THIS AREA OF RESEARCH OR
25 DEVELOPMENT, WOULD YOU HAVE DONE THINGS DIFFERENTLY

BETH C. DRAIN, CA CSR NO. 7152

1 WHEN YOU HAVE DIFFERENT INFORMATION TODAY?

2 DR. MILLAN: SO, DR. HIGGINS, WHEN WE HAD
3 THAT WORKSHOP, WE HAD AN EYE TOWARD THIS TIME
4 BECAUSE AT THAT TIME WE ALREADY WERE KIND OF NOT IN
5 A WIND-DOWN PHASE, BUT WE KNEW THAT WE HAD LIMITED
6 FUNDS FOR WHAT WE COULD DO. BUT WE ALSO SAW THAT
7 THE OPPORTUNITIES WERE THERE THAT WE NEEDED TO THINK
8 ON A GO-FORWARD BASIS. AND IF WE HAD NOT BEEN
9 REFUNDED, WE WERE LOOKING FOR OPPORTUNITIES FOR OUR
10 FUNDED RESEARCHERS TO MAKE THE MOST OUT OF THE
11 RESEARCH WE DID FUND. SO WE ACTUALLY HAD AN EYE
12 TOWARD A FUTURE STRATEGY WHEN WE ASSEMBLED THE
13 MEETING.

14 A LOT OF THOUGHT WENT -- IT ACTUALLY WAS A
15 COLLABORATION BETWEEN WHAT'S CALLED NOW CURRENTLY
16 THE ASAP GROUP THAT WAS FUNDED BY THE SERGEY BRIN
17 FUND. DR. RANDY SCHEKMAN IS ONE OF THE LEADERSHIP
18 IN THAT GROUP, BUT HE WASN'T DIRECTLY INVOLVED IN
19 THE MEETING, BUT HE ATTENDED. AND DR. RILEY, WHO IS
20 THE OTHER EXECUTIVE ON THAT -- RUNNING THAT PROGRAM,
21 WAS THERE, MICHAEL J. FOX FOUNDATION, A VARIETY OF
22 NEURODEGENERATION FOUNDATIONS' LEADERSHIP IN VARIOUS
23 SECTORS, NINDS, AND THERE WAS A GREAT AMOUNT OF
24 ENTHUSIASM DURING OUR TWO-DAY PERIOD, AND I THINK
25 YOU WERE THERE, AND FOLKS WERE REALLY EXCITED ABOUT

1 THE OPPORTUNITY TO MAKE THIS HAPPEN.

2 BUT THEN WE ALSO DRILLED DOWN ON THE
3 REALITIES AND THE GAPS AND THE CHALLENGES. SO WE
4 WERE ALREADY KIND OF GATHERING INFORMATION, BEING
5 VERY OPTIMISTIC THAT WE WOULD HAVE AN IMPACT ON THE
6 FIELD IN ONE WAY OR THE OTHER.

7 DR. VUORI: ALONG THE SAME LINES, MARIA
8 AND KENT, I WAS WONDERING -- THIS IS GREAT OBVIOUSLY
9 FOR THE NEURODEGENERATIVE DISEASES. HAVE YOU
10 CONSIDERED SOMETHING SIMILAR FOR NEUROPSYCHIATRIC
11 DISORDERS? WOULD THAT BE AN AREA OF OPPORTUNITY AS
12 WELL?

13 DR. MILLAN: WE DIDN'T SPECIFICALLY
14 DISCUSS THAT AT THIS MEETING, BUT THE IDEA BEHIND A
15 CONSORTIA MODEL IS SOMETHING WE'RE ENVISIONING FOR
16 OUR SCIENTIFIC STRATEGY FOR CIRM IN GENERAL. AT THE
17 LAST MEETING, I PUT UP A SCHEMATIC OF HOW WE'VE
18 ALREADY HAD SOME PILOTS IN THIS, THE CURE SICKLE
19 CELL INITIATIVE, SOME OF HOW WE'VE BEEN ABLE TO
20 LEVERAGE OUR INVESTMENT IN THE GENOMICS PROGRAM WITH
21 PARTNERSHIPS WITH THE CHEN-ZUCKERBERG INITIATIVE.
22 WE SEE THAT CIRM ALREADY IS A CONSORTIUM, AND THE
23 QUESTION IS HOW DO WE THEN CREATE THESE SPECIALIZED
24 CONSORTIA THAT ARE FIT FOR A PURPOSE IN ADDRESSING
25 MAJOR HURDLES. AND SOME OF THE HURDLES ARE, AS DR.

BETH C. DRAIN, CA CSR NO. 7152

1 YAMAMOTO POINTED OUT, ARE HOW WE ORGANIZE OURSELVES
2 AND HOW EFFECTIVELY THE DIFFERENT STAKEHOLDERS ARE
3 ACTUALLY WORKING TOGETHER ON THIS.

4 IT'S SOMETHING THAT I THINK THE SCIENTIFIC
5 COMMUNITY HAS ACKNOWLEDGED AS SOMETHING VERY
6 IMPORTANT. AND I THINK WITH WHAT WE ARE FACING
7 TODAY WITH PROP 14 WITH THIS EARMARK FOR
8 NEURODEGENERATIVE -- TOWARDS CNS DISORDERS, I THINK
9 IT'S A HUGE OPPORTUNITY, BUT IT COULD ALSO BE
10 APPLIED FOR OTHER.

11 IN THIS MEETING WE SPECIFICALLY WORKED ON
12 NEURODEGENERATION, BUT THAT'S A PROGRAMMATIC TOPIC
13 THAT WE SHOULD ALSO DISCUSS AND LIKE TO GET INPUT ON
14 FROM THE BOARD TO DETERMINE WHETHER WE CAN LOOK AT
15 OUR PROGRAM OFFERINGS AND, IF THE BOARD GIVES
16 DIRECTION, THAT WE SHOULD MAKE SURE THAT THAT IS
17 SOMETHING THAT WE BRING INTO OUR PORTFOLIO. THEN WE
18 WILL WE HAVE THE STRUCTURE AND MECHANISMS TO DO
19 THAT.

20 CHAIRMAN THOMAS: OTHER COMMENTS OR
21 QUESTIONS FROM MEMBERS OF THE BOARD? OKAY. DR.
22 FITZGERALD, THANK YOU VERY MUCH FOR ALL YOUR WORK ON
23 THIS. THIS IS OBVIOUSLY GOING TO BE A VERY
24 FRONT-AND-CENTER TOPIC GOING FORWARD. SO WE LOOK
25 FORWARD TO HEARING MORE AND TO BOARD DISCUSSION ON

1 THIS IN MARCH.

2 DR. MILLAN, DOES THAT CONCLUDE THE
3 PRESENTATIONS?

4 DR. MILLAN: THAT CONCLUDES OUR
5 PRESENTATIONS. GEOFF, IF YOU WOULDN'T MIND GOING TO
6 THE NEXT SLIDE.

7 SO AS YOU CAN SEE, WE COVERED THE AREAS
8 HERE: CNS RESEARCH, EDUCATION, SCOPE, SHARED LABS,
9 ALPHA CLINICS, COMMUNITY CARE CENTERS, AND THE
10 FUTURE EDUCATIONAL PROGRAMS AND SPECIALIZED TRACKS
11 ALL PART OF EDUCATION. THESE ARE ALL COVERED EITHER
12 AS TANGIBLE POTENTIAL CONCEPTS THAT WILL BE BROUGHT
13 TO YOU OR CONCEPTS THAT ARE IN DEVELOPMENT OR NEW
14 PROGRAMS THAT WILL BE BROUGHT IN THE STRATEGIC PLAN.
15 JUST WANTED TO GIVE THAT KIND OF BROAD OVERVIEW,
16 THAT THIS IS HOW THE PROPOSITION 14 COMPONENTS ARE
17 BEING KIND OF PUT INTO ACTION AT VARIOUS STAGES.
18 THANK YOU.

19 CHAIRMAN THOMAS: THANK YOU, DR. MILLAN.
20 THANK YOU, THE ENTIRE TEAM, FOR THE SERIES OF VERY
21 INFORMATIVE PRESENTATIONS. I THINK THEY'RE GREAT
22 FOOD FOR THOUGHT. AND WE LOOK FORWARD TO CONTINUING
23 THESE DISCUSSIONS WHEN WE GET TO THE MARCH SESSION.

24 THAT GETS US THROUGH THIS PORTION OF THE
25 VERY MEATY PORTION OF THE AGENDA HERE. I THINK IT'S

BETH C. DRAIN, CA CSR NO. 7152

1 BEEN A VERY PRODUCTIVE ONE IN DEALING WITH THE
2 ELEMENTS OF PROP 14 AND THE SPECIFICS OF DIFFERENT
3 SORTS OF PROGRAMS THAT ARE BEING CONTEMPLATED BY DR.
4 MILLAN AND THE TEAM. THANK YOU, EVERYBODY, FOR ALL
5 THE WORK THAT WENT INTO PUTTING THIS TOGETHER, AND
6 MORE ON THIS DOWN THE ROAD.

7 WE ARE NOW INTO PUBLIC COMMENT. I HAVE
8 ONE I'M GOING TO READ FROM DR. TREVOR CARDINAL, WHO
9 IS A PROFESSOR OF BIOMEDICAL ENGINEERING AT CAL POLY
10 SAN LUIS OBISPO. THE GENERAL TOPIC IS BRIDGES. AND
11 THIS IS HIS COMMENT:

12 "MEMBERS OF THE ICOC, THANK YOU FOR YOUR
13 TIME AND EFFORTS TO ADVANCE THE FIELD OF
14 REGENERATIVE MEDICINE AND FOR THE OPPORTUNITY TO
15 DELIVER A PUBLIC COMMENT.

16 "MY NAME IS TREVOR CARDINAL. I'M A
17 PROFESSOR OF BIOMEDICAL ENGINEERING AT CAL POLY SAN
18 LUIS OBISPO AND THE PROGRAM DIRECTOR ON A CIRM
19 BRIDGES 2 AWARD.

20 "AS YOU MAY BE AWARE, MANY OF THE BRIDGES
21 2 AWARDS ARE EXPIRING IN THE SUMMER OF 2021. WITH
22 THE PASSAGE OF PROP 14, OUR TEAM LOOKS FORWARD TO
23 COMPETING FOR A FUTURE BRIDGES AWARD UNDER A NEW
24 RFA. HOWEVER, IN THE MEANTIME WE HOPE TO ADMIT OUR
25 NEXT COHORT OF STUDENTS IN FEBRUARY AND MARCH OF

BETH C. DRAIN, CA CSR NO. 7152

1 THIS YEAR IN ADVANCE OF A FALL 2021 MATRICULATION.
2 THEREFORE, I REQUEST THAT THE BOARD CONSIDER A
3 ONE-YEAR NONCOMPETITIVE RENEWAL OF THE BRIDGES 2
4 AWARD. THIS ONE-YEAR RENEWAL WOULD ALLOW US TO
5 BRIDGE OUR CURRENT BRIDGES PROGRAM TO THE NEXT RFA
6 AS WAS DONE BETWEEN THE EXPIRATION OF THE FIRST
7 BRIDGES RFA AND THE RFA FOR BRIDGES 2 IN 2015.

8 "THE ABSENCE OF SUCH A GAP FUNDING
9 FOLLOWING THE EXPIRATION OF THE BRIDGES 2 AWARDS MAY
10 FORCE THE BRIDGES PROGRAM SUCH AS OURS TO SUSPEND
11 OPERATIONS UNTIL THE 2022-23 ACADEMIC YEAR. SUCH AN
12 INTERRUPTION WOULD ADVERSELY AFFECT OUR ABILITY TO
13 TRAIN OUR STUDENTS FOR THE RAPIDLY GROWING
14 REGENERATIVE MEDICINE INDUSTRY.

15 "THANK YOU FOR YOUR CONSIDERATION."

16 DR. MILLAN, DO WE HAVE ANY THOUGHTS ON
17 THAT, NOT THAT WE NEED TO RESPOND TO PUBLIC COMMENT,
18 BUT I JUST WONDERED IF YOU ARE -- WHAT YOU WOULD SAY
19 ABOUT THAT ONE.

20 DR. MILLAN: I THINK THAT THAT IS
21 SOMETHING THAT THE BOARD CAN CONSIDER. WE REALLY DO
22 HOPE THAT WE'LL BE ABLE TO GET A FORMAL PROGRAM WITH
23 ALL OF THE WELL-CONSIDERED ELEMENTS THAT WE THINK
24 WILL MAKE THE BRIDGES PROGRAM RELAUNCH ONE THAT'S
25 BUILT TO LAST AND BUILT TO SUPPORT WHAT WE ENVISION

BETH C. DRAIN, CA CSR NO. 7152

1 IS IMPORTANT FOR THE UPCOMING YEARS, AT LEAST FIVE
2 YEARS. SO I THINK THAT AN EXTENSION, OF COURSE,
3 WOULD JUST MEAN THAT THEY WOULD BE SUBJECT TO THE
4 TERMS OF THE PREVIOUS AWARD. AND I'M NOT SURE KIND
5 OF WHAT TYPE OF REVIEW PROCESS THAT WOULD GO
6 THROUGH. I ASSUME THAT IT WOULD BE PURELY A BOARD
7 DECISION, BUT I DEFER TO YOU ON THAT.

8 CHAIRMAN THOMAS: I KNOW THIS IS A LITTLE
9 UNORTHODOX TO HAVE BOARD DISCUSSION FOLLOWING A
10 PUBLIC COMMENT, BUT ARE THERE ANY COMMENTS ON THAT
11 PARTICULAR PUBLIC COMMENT?

12 DR. VUORI: I WAS WONDERING IF FOR THE
13 NEXT BOARD MEETING, I THINK IN FEBRUARY, THE CIRM
14 STAFF COULD MAKE A PROPOSAL WHAT FINANCIALLY AND
15 OTHERWISE THAT TYPE OF AN EXTENSION WOULD LOOK LIKE.
16 AND I GUESS THE ICOC COULD THEN CONSIDER THAT.

17 DR. MARTIN: I WOULD ALSO ASK THE QUESTION
18 ARE WE SETTING A PRECEDENT THAT WE CAN MANAGE?

19 CHAIRMAN THOMAS: THANK YOU BOTH. DR.
20 MILLAN, COULD YOU PERHAPS RESPOND TO BOTH OF THOSE
21 COMMENTS?

22 DR. MILLAN: I THINK THEY'RE BOTH FAIR
23 CONSIDERATIONS. I THINK BRINGING FORWARD WHAT THE
24 FINANCIAL IMPACT OF THAT OR WHAT THE BUDGETARY
25 REQUIREMENTS WOULD BE FOR THAT IS SOMETHING WE CAN

BETH C. DRAIN, CA CSR NO. 7152

1 EASILY DO AND WOULD BE ABLE TO PROVIDE TO THE BOARD.

2 BUT THE SECOND POINT OF WHAT DOES THAT DO
3 IN TERMS OF PRECEDENT, I THINK THAT THAT IS A
4 CONSIDERATION AS WELL, AND ALSO THAT WILL IMPACT
5 DOWNSTREAM WHAT WE DO WITH THE PROGRAMS THAT HAD THE
6 EXTENSION VERSUS THOSE THAT DIDN'T HAVE THE
7 EXTENSION AND HOW THESE INTERPLAY INTO THE
8 REQUIREMENTS WE HAVE OF NEWLY LAUNCHED PROGRAMS
9 VERSUS NOT.

10 SO I THINK THOSE ARE THINGS THAT THE BOARD
11 WOULD WANT TO CONSIDER REGARDING THE STANDARDS OF
12 OUR PROGRAMS.

13 AND THEN THE SECOND POINT ON PRECEDENT, I
14 THINK THERE IS A HUGE AMOUNT OF ENTHUSIASM, WHICH IS
15 GREAT, FOR OUR FUNDING OPPORTUNITIES; BUT I THINK
16 ONE OF THE CONCERNS IS THAT THOSE WHO MAY BE UNDER
17 SOME LEGACY FUNDING OR FUNDING FROM RESIDUAL GRANTS
18 THEN MAY WANT -- MAY FEEL THAT THE NEWLY LAUNCHED
19 FUNDING OPPORTUNITIES HAVE MORE FAVORABLE OPTIONS
20 AND FEATURES, AND THEY'D WANT TO HAVE THE OPTION TO
21 JUMP TO THAT. AND I THINK THAT THAT COULD PROVIDE A
22 VERY CHALLENGING SET OF CIRCUMSTANCES IF WE WERE TO
23 CONSIDER THOSE FOR OUR TEAM AS WELL AS, AGAIN,
24 BRINGING UP THE IDEA OF PROCESS AND STANDARDS FOR
25 HOW WE OPERATE.

BETH C. DRAIN, CA CSR NO. 7152

1 SO THAT'S JUST -- BUT WE WILL ABSOLUTELY
2 TAKE UP WHATEVER THE BOARD DIRECTS US TO DO AND
3 CONSIDER. THANK YOU.

4 CHAIRMAN THOMAS: THANK YOU. ANY OTHER
5 COMMENTS FROM MEMBERS OF THE BOARD ON THIS
6 PARTICULAR --

7 MS. BONNEVILLE: I WAS JUST GOING TO SAY
8 WE HAVE MORE PUBLIC COMMENT WHEN YOU'RE READY, J.T.

9 CHAIRMAN THOMAS: THANK YOU. I JUST
10 WANTED TO GET THROUGH THIS AND SEE IF THERE'S
11 ANYBODY ELSE WHO HAD A THOUGHT. OKAY. YES, MARIA,
12 PLEASE, OTHER PUBLIC COMMENTS.

13 MS. BONNEVILLE: I WOULD ASK THE CALLER TO
14 UNMUTE HIMSELF OR HERSELF, AND THEN YOU CAN GO AHEAD
15 WITH PUBLIC COMMENT. YOUR HAND IS RAISED.

16 MR. STUART: HI. CHAIRMAN THOMAS AND
17 MEMBERS OF THE BOARD, MY NAME IS JAMES STUART. AND
18 I'M A PERSON LIVING WITH MULTIPLE SCLEROSIS, AND A
19 PATIENT ADVOCATE. I JUST WANT TO MAKE SURE YOU CAN
20 HEAR ME.

21 MS. BONNEVILLE: YES, WE CAN.

22 MR. STUART: PERFECT. SO I HAD A COMMENT
23 TO MAKE REGARDING THE PROPOSITION, JAMES HARRISON'S
24 PROP 14 PRESENTATION, WHICH SUMMARIZES THE WORDING
25 IN SECTION 3(B) OF THE APPROVED INITIATIVE THAT

BETH C. DRAIN, CA CSR NO. 7152

1 AUTHORIZES \$1.5 BILLION AND DEDICATES THAT TO
2 DISEASES AND CONDITIONS OF THE BRAIN AND CENTRAL
3 NERVOUS SYSTEM. KIND OF REWINDING BACK, YOU SHOWED
4 SLIDE 9, AND IN RED THERE WAS THE SECTION THAT TALKS
5 ABOUT IDENTIFYING DISEASES AND CONDITIONS SUCH AS
6 ALZHEIMER'S DISEASE, PARKINSON'S DISEASE, ET CETERA.
7 BUT THE SLIDE DOES NOT ALSO INCLUDE WHAT THE BILL
8 INCLUDES WHICH IS IT REFERS TO OTHER DISEASES AND
9 CONDITIONS OF THE BRAIN, WHICH I BELIEVE GENERALLY
10 INCLUDES THE DISEASE DESCRIBED AS MULTIPLE
11 SCLEROSIS.

12 SO I'D LIKE TO REQUEST THE BOARD TO
13 INCLUDE EITHER THE WORDS "MULTIPLE SCLEROSIS" OR
14 INCLUDE OTHER DISEASES AND CONDITIONS OF THE BRAIN
15 SO THAT WHEN THE 1.5 BILLION TARGET IS ALLOCATED, IT
16 INCLUDES THAT AREA OF NEURORESEARCH THAT IS SO
17 IMPORTANT TO ME AND OTHERS IN CALIFORNIA THAT ARE
18 LIVING WITH MULTIPLE SCLEROSIS. THANK YOU.

19 CHAIRMAN THOMAS: THANK YOU. THAT WILL
20 DEFINITELY BE INCLUDED. SO THANK YOU VERY MUCH FOR
21 YOUR COMMENTS. NEXT, MARIA.

22 MS. BONNEVILLE: THAT'S IT.

23 CHAIRMAN THOMAS: OKAY. SO THAT
24 CONCLUDES. SO JUST IN CLOSING, LIKE TO THANK MARIA
25 BONNEVILLE AND DOUG GUILLEN FOR ALL THEIR HARD WORK

BETH C. DRAIN, CA CSR NO. 7152

1 IN, AS ALWAYS, MAKING THIS MEETING HAPPEN, FOR
2 EVERYTHING THEY DO.

3 I DID WANT TO CLOSE, AS I'VE NOTED TO YOU
4 FROM TIME TO TIME, IN THE MIDDLE OF MEETINGS, MARIA
5 SENDS ME TEXTS WHICH ARE VERY HELPFUL IN SORT OF
6 GUIDING HOW THINGS ARE GOING. AND UNDER THE HEADING
7 OF, JUST WHEN YOU THINK YOU'VE HEARD EVERYTHING, SHE
8 SENT ME ONE TODAY IN THE MIDDLE OF THE TEXT WHICH
9 SAYS, AND I QUOTE, "IS YOUR DOG IN THERE? I THINK
10 WE CAN HEAR HIM BREATHING," TO WHICH I SORT OF WAS
11 WONDERING WHAT THE RELEVANCE OF THAT WAS. IN FACT,
12 HE WASN'T IN THERE, BUT HAD HE BEEN, I WAS WONDERING
13 IF, MARIA, YOU WERE SUGGESTING I ASK HIM TO STOP.

14 MS. BONNEVILLE: THERE WAS JUST SOME
15 FEEDBACK, AND WE THOUGHT IT WAS COMING FROM YOU, AND
16 IT SOUNDED LIKE YOUR DOG SNORTING. I WAS JUST
17 CURIOUS.

18 CHAIRMAN THOMAS: THANK YOU FOR KEEPING ME
19 ON MY TOES AS USUAL.

20 MS. BONNEVILLE: NO PROBLEM. HAPPY TO DO
21 IT.

22 CHAIRMAN THOMAS: YES, THANK YOU. SO WITH
23 THAT, THANK YOU, EVERYBODY, FOR WHAT I HOPE WE ALL
24 VIEWED AS A VERY PRODUCTIVE MEETING. AND JUST
25 EVERYBODY PLEASE KEEP SAFE AND HEALTHY, AND WE LOOK

BETH C. DRAIN, CA CSR NO. 7152

1 FORWARD TO SEEING YOU IN FEBRUARY. MARIA, WHAT IS
2 OUR DATE FOR THAT?

3 MS. BONNEVILLE: I WAS GOING TO CUT IN AND
4 MENTION IT TO EVERYONE. WE'LL BE SENDING OUT THE
5 DATES FOR THE REMAINDER OF THE BOARD MEETINGS THIS
6 YEAR. THERE'S A LOT OF THEM. AS YOU KNOW, THERE'S
7 A MONTHLY APPLICATION REVIEW SUBCOMMITTEE, AND THEN
8 THERE WILL BE FOUR MORE IN-PERSON BOARD MEETINGS,
9 NOT IN PERSON, FULL BOARD MEETINGS. I'M SO USED TO
10 SAYING IN-PERSON BOARD MEETINGS EVEN THOUGH IT'S
11 BEEN OVER A YEAR.

12 THE NEXT MEETING IS FEBRUARY 25TH, AND
13 THAT IS A FULL BOARD MEETING. AND THEN WHAT WE'RE
14 CALLING THE RETREAT WILL BE MARCH 23D, AND THAT WAS
15 BASED ON A DOODLE POLL THAT GOT SENT OUT AND
16 RESPONSES AS TO WHEN THE MOST BOARD MEMBERS WERE
17 AVAILABLE. WE'LL SEND OUT THE ENTIRE CALENDAR.

18 CHAIRMAN THOMAS: THANK YOU VERY MUCH.
19 AND WITH THAT, WE STAND ADJOURNED.

20 (THE MEETING WAS THEN CONCLUDED AT
21 1:30 P.M.)

22
23
24
25

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JANUARY 28, 2021, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
133 HENNA COURT
SANDPOINT, IDAHO
(208) 920-3543